

File No. Q-11013/3/2015-eGov

GOVERNMENT OF INDIA

Ministry of Health & Family Welfare (MoHFW)

DOHFW DEPARTMENT

E-HEALTH

SUBJECT

Main Category	:	General
Sub Category	:	
Description	:	Matters relating setting up of Integrated Health Information Platform(IHIP)

OTHER DETAILS

Retention	:
Priority	:
Language	:
Remarks	:

Receipt No : 641915/2017/E-GOVERNANCE

(385)

F No. Q-11013/3/2015-eGov
Government of India
Ministry of Health and Family Welfare
(eHealth Division)

Nirman Bhawan, New Delhi
Dated the 26th May, 2017

To

The Project Director,
(Prof S N Sarbadhikari)
Centre for Health Informatics
National Institute of Health & Family Welfare
Baba Gang Nath Marg, New Mehrauli Road
Munirka, New Delhi-110067


Subject: Hiring of PMU for IHIP project - Change of designation - reg

Sir,

This is in continuation of this Ministry's letter even no. dated 07.03.2016 conveying approval of the competent authority for hiring of a PMU Team of 5 members for IHIP handholding support.

2. With the approval of competent authority, it has been decided that the team will be headed by a Senior Technology Head. The post earlier approved as "Project Manager (Tier III)" has been renamed as "Chief Technical Officer- IHIP". The team will be headed by a "Chief Technical Officer-IHIP".

3. Other content of the letter dated 07.03.2016 will remain unchanged.


(Jitendra Arora)
Director(eHealth)
MoHFW
Tele: 23062317

Copy to:

Director, National Institute of Health & Family Welfare, New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

Date: 03/10/17 11:16 AM

From: "Amit Kumar" <amit.k89@gov.in>

Subject: Hiring of PMU for IHIP project - reg

To: supten <supten@gmail.com>

Cc: director@nihfw.org, dd_a@nihfw.org, at@nihfw.org,

Jitendra Arora <dir.ehealth@gmail.com>,

S K Pani US(eHealth) <skpani2001@yahoo.com>

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PMU team for IHIP.pdf (689kB)

F.No. Q-11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(eHealth Section)

Nirman Bhavan, New Delhi
Dated 7th March, 2017

To,
The Project Director, CHI
National Institute of Health & Family Welfare
Baba Gang Nath Marg, New Mehrauli Road
Munirka, New Delhi-110067

Subject: Hiring of PMU for IHIP project - reg.

Sir,

This is with reference to your letter No.NIHFw/CHI/IHIP/PMU/2017 dated 3rd March, 2017 regarding approval for hiring of PMU team through NISCI for work relating to IHIP for handholding support.

2. In this regard, approval of the competent authority is hereby conveyed for hiring of the following staff either from NISCI (existing rate contract) or through NISG.

Salary Range (Negotiable)

Sl.No	Designation	Salary Range (Negotiable)
i)	Project Manager (Tier III)	22-28 Lakh
ii)	Database Administrator	17-22 Lakh
iii)	Software Developer	15-20 Lakh
iv)	Quality Assurance Engineer	15-20 Lakh
v)	Senior Network Administrator	15-20 Lakh

3. CHI is requested to initiate process for hiring the above manpower for IHIP project in a time bound manner. The hiring can be done on the existing rate contract for the period of one year after negotiating the salary effectively.

4. The expenditure for this activity may be met from the Grant-in-Aid released to CHI, NIHFw from MoHFW for NHP related activities.

Regards

Amit Kumar

Assistant Director (eHealth)

Ministry of Health & Family Welfare

Room No. 213D

Nirman Bhawan

New Delhi – 110 011

Receipt No : 641915/2017/E-GOVERNANCE

F.No. Q-11013/3/2015-eGov

Government of India

Ministry of Health & Family Welfare
(eHealth Section)

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Nirman Bhavan, New Delhi

Dated 7th March, 2017

To,

The Project Director, CHI
National Institute of Health & Family Welfare
Baba Gang Nath Marg, New Mehrauli Road
Munirka, New Delhi-110067

Subject: Hiring of PMU for IHIP project - reg.

Sir,

This is with reference to your letter No.NIHFw/CHI/IHIP/PMU/2017 dated 3rd March, 2017 regarding approval for hiring of PMU team through NICSi for work relating to IHIP for handholding support.

2. In this regard, approval of the competent authority is hereby conveyed for hiring of the following staff either from NICSi (existing rate contract) or through NISG.

Sl.No	Designation	Salary Range (Negotiable)
i)	Project Manager (Tier III)	22-28 Lakh
ii)	Database Administrator	17-22 Lakh
iii)	Software Developer	15-20 Lakh
iv)	Quality Assurance Engineer	15-20 Lakh
v)	Senior Network Administrator	15-20 Lakh

3. CHI is requested to initiate process for hiring the above manpower for IHIP project in a time bound manner. The hiring can be done on the existing rate contract for the period of one year after negotiating the salary effectively.

4. The expenditure for this activity may be met from the Grant-in-Aid released to CHI, NIHFw from MoHFw for NHP related activities.

Yours faithfully,



(S. K. Pani)

Under Secretary to Gol

Tele No. 23061213

Copy to:

1. Prof. J.K. Das, Director, NIHFw
2. Dy. Director (Admin), NIHFw
3. Shri Ankit Tripathi, Additional Director, CHI

Receipt No : 641915/2017/E-GOVERNANCE

Centre for Health Informatics
National Institute of Health and Family Welfare
Ministry of Health & Family Welfare

F. No. NIHFw/CHI/IHIP/PMU/2017

Dated: 3rd March, 2017

To,

Shri Jitendra Arora
Director (e-Health)
Ministry of Health and Family Welfare (MoHFW)
Department of Health and Family Welfare
307-D, Nirman Bhavan, New Delhi

vs (ehealth)

J. Don
3/3/17

Subject: - Approval for hiring of PMU for IHIP project from NICSI – Reg.

Dear Sir,

This is in reference to the IHIP project. The Centre for Health Informatics has been appointed as a nodal agency for implementation of the above project. As per the approved concept note of IHIP (Annexure - A), it was proposed that a PMU of 10 personnel will be provided to CHI for hand-holding with different states and service providers for implementation of IHIP project across India. In this regard, initially following compositions of PMU (5 personnel's) is proposed for approval:

Sl. No.	Designation	Roles and responsibilities	Salary Range
1.	Program Manager (Tier III)	Program Manager (PM) is responsible for managing the overall program management of IHIP. PM will oversee a team of deployed manpower such as DBA, Software Developer, QAE etc. and the vendors associated in different assignments.	22 - 28 Lakhs
2.	Database Administrator	DBA will be used in managing and monitoring the database of IHIP. In addition to this, DBA will help CHI in capacity planning, installation, configuration, database design, migration, performance monitoring, security, troubleshooting, as well as backup and data recovery.	17 - 22 Lakhs
3.	Software Developer	Software Developer may be used in monitoring the application development of IHIP. Apart from this the software developer assists CHI in finalizing the Software requirements specification (SRS) and Technical Requirement Specification Manual (TRSM) of IHIP.	15- 20 Lakhs
4.	Quality Assurance Engineer	The quality assurance engineer (QAE) will help CHI in monitoring every phase of the software development process of IHIP so as to ensure design quality, making sure that the software adheres to the standards set by the	15 - 20 Lakhs

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		development vendor. Furthermore, Quality Assurance Engineer helps in determination of Go-Live date of IHIP by examining the IHIP and HIS application developed by vendor as per the RFP and SRS approved by the CHI.	
5.	Senior Network Administrator	Senior Network Administrator (SNA) is responsible for Network & Security Administration of various projects such as DoC, Telemedicine Network. SNA helps in managing and monitoring the Data Centre component of IHIP.	15 - 20 Lakhs

The above staff may be approved to be hired through NICSI approved Rate contract. All the expenditure for the above will be met from fund released for IHIP Grant-in-Aid (GIA) funds.

Submitted for approval, please.

With regards,

Sincerely yours,



(Prof. S.N. Sarbadhikari)

Project Director

Centre for Health Informatics of NHP,
Munirka, NIHF, New Delhi.

dc

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Receipt No : 641915/2017/E-GOVERNANCE

GRANTS

Bill No. 3269

Date. 17/1/17

Check list for bills of Grant-in-Aid

Sl.No.	Description	Yes/No
1	The grantee Institution's name has been mentioned in the sanction order	Yes ✓
2	Purpose of the Grant is indicated	Yes
3	Grant is Recurring/Non-recurring	Non recurring ✓
4	Amount of Grant is mentioned both in words and figures	Yes ✓
5	Installment Number of the Grant, if applicable is mentioned	NA ✓
6	Progressive amount along with Previous installments released under the same scheme to the same grantee has been shown in the sanction order	NA ✓
7	The sanction letter states that no UC is pending	Yes ✓
8	The Terms and Conditions of the Grant are in accordance with the GFR 2005.	Yes ✓
9	The Utilization Certificate is submitted by the Grantee in Form GFR 19 (A)	Yes ✓
10	The expenditure figures shown in the bill are both in figures and words.	Yes ✓
11	Necessary balance exists in budget to meet the expenditure	Yes ✓
12	Valid Re-Appropriation order is enclosed with the bill	NA ✓
13	The sanction order from both PD and DDO have been generated on PFMS portal	Yes ✓

Signature with Stamp
Under Secretary to the Govt. of India

17/1
Joint Secretary / D.D.O.
Ministry of Health & F.W.
New Delhi

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GRANT-IN-AID
[(Rupees Ten Lakh only)]

Grants-in-aid

Central

Revenue

Head of Accounts	Demand No.42 - Department of Health and Family Welfare for the year 2016-17 2210 – Medical and Public Health (Major Head). 06800 – Other Expenditure (Minor Head), 24 – New Initiatives under Central Schemes, 2402 – Telemedicine, 240231- Grants-in-aid General (Plan) during the year 2016-17.
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Received a sum of Rs 10,00,000/- (Rupees Ten Lakhs only) sanctioned under Government of India, Ministry of Health & Family Welfare Sanction No. Q-11013/3/2016-eGov dated 05.01.2017 (copy enclosed) as grant-in-aid for disbursement to **National Institute of Health & Family Welfare, New Delhi.**

The requisition form for the electronic transfer of funds is enclosed in prescribed proforma.

Certified that:-

1. The grantee of Institutions has been exempted from executing a bond.
2. I have no reason to believe that the grantee Institution is involved in corrupt practice.
3. The amount claimed in the bill has not been drawn earlier from any other source.
4. The Institution has accepted the terms and conditions of the sanction.
5. No UC is pending against NIHFV against the Grant in Aid released by this division.
6. The Sanction No. Q-11013/3/2016-eGov has been generated on CPSMS on 05.01.2017 (copy enclosed).

Place: New Delhi.



 (J. K. Panth)
 Joint Secretary
 Ministry of Health & Family Welfare
 Government of India
 New Delhi
 Stamp of Office

For use in Treasury

Pay Rupees _____

Examined _____

Treasury Accountant _____


 Joint Secretary (D.D.O.)
 Ministry of Health & F.W.
 New Delhi

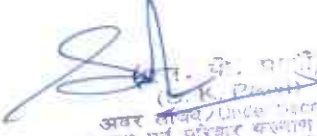
Treasury Officer

Receipt No : 641915/2017/E-GOVERNANCE

CHECK LIST

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1.	Details of Head of Accounts	Demand No.42 - Department of Health and Family Welfare for the year 2016-17 2210 – Medical and Public Health (Major Head). 06800 – Other Expenditure (Minor Head), 24 – New Initiatives under Central Schemes, 2402 – Telemedicine, 240231- Grants-in-aid General (Plan) during the year 2016-17.
2.	Total allotment of Budget under the above head	Rs. 31,00,00,000 /-
3.	Net amount of the Bill	Rs. 10,00,000/-
4.	Total expenditure from 1 st April 2016 till date (21.07.2016) including this bill	Rs. 20,80,00,000 /-
5.	Remaining Balance	Rs. 10,20,00,000/-


 (S. K. Dhillon)
 अवर सचिव/Under Secretary
 स्वास्थ्य एवं परिवार कल्याण विभाग
 Ministry of Health & F.W.
 भारत सरकार/Govt. of India
 नई दिल्ली/New Delhi

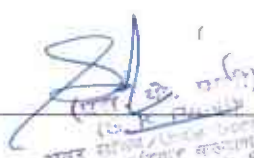
Director of Health (D.D.O.)
 Ministry of Health & F.W.
 New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

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REQUISITION FORM FOR THE ELECTRONIC TRANSFER OF FUNDS

(TO BE SUBMITTED IN DUPLICATE)

Name of grantee institute/ other organization	National Institute of Health and Family Welfare, Baba Gang Nath Marg, Munirka, New Delhi- 110067
Name of the Account	NIHFW Project Account
Name of the bank	State Bank of India
Address of the bank	SBI NIHFW, Baba Gang Nath Marg, Munirka, New Delhi- 110067 Tel: 01126182452 Email: sbi.10439@sbi.com
Account number	10932786931
IFSC Code of the Bank	SBIN0010439
MICR Code No.	110002429
BSR Code	
Amount to be transferred	Rs. 10,00,000/-
(Signature of the Grant Sanctioning Authority / other Competent Authority	 अवर सचिव/उप-सचिव स्वास्थ्य एवं परिवार कल्याण विभाग Ministry of Health & F.W. नारायण तिलक/Govt. of India नई दिल्ली/New Delhi

(For the use of PAOS) only

Name of the DDO	
BILL NO.	
D.V. NO.	
Ch. No. & Ch. Date	
Cheque amount	

(SR. ACCOUNTS OFFICERS)
PAY & ACCOUNTS OFFICER

अवर सचिव/उप-सचिव
स्वास्थ्य एवं परिवार कल्याण विभाग
Ministry of Health & F.W.
नारायण तिलक/Govt. of India
नई दिल्ली/New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

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File No.Q-11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(Department of Health and Family Welfare)

Room No.213-D Wing,
Nirman Bhavan, New Delhi-110011
Dated the 5th January, 2017

To

The Pay and Accounts Officer (Secretariat)
Ministry of Health and Family Welfare,
Nirman Bhawan, New Delhi

Subject: Release of fund of Rs 10,00,000/- to NIHF, Munirka, New Delhi under the scheme[duration 2016-17 to 2020-21] for setting up of Integrated Health Information Platform (IHIP) during 2016-17- Regarding.

Sir,

I am directed to convey the sanction of the President to the payment of Rs 10,00,000/- (Rupees Ten Lakhs only) to Centre for Health Informatics(CHI), National Institute of Health and Family Welfare (NIHF), Munirka, New Delhi during 2016-17 under the scheme for setting up of Integrated Health Information Platform (IHIP) [over a period of 5 years i.e. 2016-17 to 2020-21].

2. The sanction is made in accordance to the Rule 206-215 of General Financial Rules, 2005. The payment of grant-in-aid will be subject to the provisions of GFR_2005/DFPR-1978/ Receipt and Payment Rules 1983 (as amended from time to time) and the following terms and conditions:
 - (a) The Institute shall not without prior sanction of the Government dispose of or encumber or utilize the assets acquired wholly or substantially out of the Government grant for purpose other than those for which the grant has been sanctioned
 - (b) Accounts of the Institute will be audited by the Comptroller and Auditor General of India.
 - (c) The Accounts of the Institute shall also be opened for test check by the C&AG at his discretion.
 - (d) If the grant or any part thereof is not utilized for the purpose for which it is paid, it shall be refunded to the Government immediately.
 - (e) The Institute should maintain a register in Form GFR-19 of the payment and semi-permanent assets acquired wholly or mainly out of Government grants and a copy thereof furnished to this Ministry.
 - (f) The register of assets maintained by the Institute shall be made available for scrutiny by the Audit.
 - (g) A utilization certificate in the proforma prescribed and the audited statement of accounts should be furnished to this Ministry soon after the accounts of the Institute of the year **2015-16** are audited by the DGACR, New Delhi or his representative to enable the Government to satisfy themselves that the amount has been utilized for the purpose for which it was sanctioned. These

(Signature)
Secretary
Ministry of Health & Family Welfare
Govt. of India
New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

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documents should be sent to this Ministry immediately after the closure of the current financial year and in any case not later than the end of the third month of the next financial year.

(h) The accounts of the grantee institution shall be open to inspection by the sanctioning authority and audit both by the CAG of India under the provision of CAG(DPC) Act, 1971 and internal audit wing of the O/o CCA of the Ministry whenever the institution or organization is called upon to do so.

3. The payment of the grant-in-aid will be made by the Electronic transfer/ Demand Draft/ Cheque on receipt of an undertaking from the National Institute of Health and Family Welfare, New Delhi that the terms and conditions for the grants are acceptable to them.

4. The expenditure involved is debitable to **Demand No. 42 Department of Health & Family Welfare, Major Head 2210 – Medical & Public Health. 06800 – Other Expenditure (Minor Head), 24 – New Initiatives under Central Schemes, 2402 – Telemedicine, 240231 Grants-in-aid General (Plan) during the year 2016-17.**

5. This issue with the concurrence of Integrated Finance Division vide Dy. No C-2633 dated 03.01.2017.

6. This grantee institution is not a defaulter in submission of Utilization Certificate and no Utilization Certificate is pending against the Grant-in-aid released by this Division for this scheme. It is certified that the amount of the grant-in-aid sanctioned above is within the provision made in Budget for the year 2016-17.

(S.K. Pani)
Under Secretary to the Government of India
Ministry of Health & Family Welfare
New Delhi

Under Secretary to the Government of India

Tel: 23061213

Copy forwarded for information and necessary action to:

1. The Director, CHI, National Institute of Health and Family Welfare, New Mehrauli Road, Munirka, New Delhi 110067, with a request to send the necessary undertaking/certificate immediately to this Department.
2. Director of Audit, Central Revenues, IP Estate, New Delhi
3. Cash (H)/Budget (H)

(S.K. Pani)
Under Secretary to the Government of India
Ministry of Health & Family Welfare
New Delhi

Under Secretary to the Government of India

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-40/N-

FTS No.148995

Integrated Finance Division

This is regarding release of Rs. 10 Lakhs to in connection with the scheme of setting up of Integrated Health Information Platform (IHIP) during 2016-17.

2. In this connection notes of the Division vide., page 39/ante may kindly be perused. It has been pointed out that Hon'ble HFM has approved the scheme of setting up of Integrated Health Information Platform (IHIP) at an estimated cost of Rs. 95 Crores (approx.) over a period of 5 years excluding the cost for cloud computing and network connectivity resources. (p. 35-36/ante.).

3. The details of budget head from which the proposed expenditure is to be met are indicated at para (5 on p.39/n. The proposal has approval of JS (SS).

5. In view of the above, IFD may concur in the proposal of the Division.

(Thomas Mathew)
US (F-V)
02.01.2017

Director (IFD) on leave

AS & A

W/FV

2/1/17

Dir (JA)

2/1/17

US (eGovt)

3/1/17

3/1/2017

AD (e-Gov)

4/1/17

Mrs Anita, ASO



राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)

National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ साहू, मुनीरका, नई दिल्ली-110067
दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773
फ़ैक्स: 91-11-26101623 ई-मेल: info@nihfw.org
वेब साईट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067
 Phones: 91-11-26165959, 26166441, 26188485, 26107773
 Fax: 91-11-26101623 E-Mail: info@nihfw.org
 Web Site: www.nihfw.org

UNDERTAKING

NIHFW, New Delhi agrees to be governed by the terms and conditions of Grant-in-Aid sanctioned by the Ministry of Health and Family Welfare vide letter No Q-11013/3/2015-eGov dated 05.01.2017.

(Signature of Authority)

Director, NIHFWS

Date: 09/01/17



आशीर्वात सुखसम्पदा

(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

Baba Gangnath Marg, Munirka, New Delhi-110 067
 Phones: 91-11-26165959, 26166441, 26188485, 26107773
 Fax: 91-11-26101623 E-Mail: info@nihfw.org
 Web Site: www.nihfw.org

This is to certify that, NIHFw, New Delhi is not involved in any corrupt practice. Further there are no proceedings relating to the Accounts or conduct of any of its office bearers.

Date: 06/01/17

Receipt No : 641915/2017/E-GOVERNANCE

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राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण विभाग, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)

आरोग्य सुखसम्पदा

National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773
फैक्स: 91-11-26101623 ई.मेल: info@nihfw.org
वेब साईट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067
Phones: 91-11-26165959, 26166441, 26188485, 26107773
Fax: 91-11-26101623 E-Mail: info@nihfw.org
Web Site: www.nihfw.org

FORM OF QUITTANCE FOR GRANT-IN-AID (PRE-RECEIPT)

Name of Institution: NIHFW, New Delhi

Received an amount of Rs 10,00,000/- (Rs. Ten Lakh only) from Ministry of Health and Family Welfare (Department of Health and Family Welfare) on account Grant-in-Aid for the year 2016-17 sanctioned vide the Department of Health and Family Welfare letter no Q-11013/3/2015-eGov dated 05.01.2017.

Revenue Stamp

(Signature of Guarantee)

Accounts Officer, NIHFW

Date: 09/01/17
प्र. के भट्टाचार्य S.K. Bhattacharya
सेवा अधिकारी (गारंटी) Accounts Officer (P)
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
National Institute of Health & Family Welfare
मुनीरका मार्ग, नई दिल्ली / Munirka, New Delhi-110067

Receipt No : 641915/2017/E-GOVERNANCE

V-12013/1/2016-eGov
Government of India
Ministry of Health & Family Welfare

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Nirman Bhawan, New Delhi
Date: 3rd January, 2017

FORM GFR 19-A

Utilization Certificate under plan budget for the financial year 2015-16 released to National Institute of Health and Family Welfare, New Delhi.

Sr. No.	Particulars	Plan (Rs)
1.	Total Grant released during the Year 2015-16	8,30,00,000 /-
2.	Opening Balance of previous year (2014-15)	3,06,53,667/-
3.	Receipt from sale of Tender form during the Year 2015-16	2,500 /-
4.	Grand Total for the Year 2015-16	11,36,56,167/-
5.	Amount utilized during the Year 2015-16	3,23,61,770.24 /-
6.	Unspent Balance As on 31.03.2016	8,12,94,396.76 /-

It is certified that out of Rs. 8,30,00,000 /- (Rupees Eight Crore Thirty Lakh Only) grants sanctioned during the year 2015-16 in favor of the Institute and Rs. 3,06,53,667/- (Rupees Three Crore Six Lakh Fifty Three Thousand Six Hundred Sixty Seven Only) on account of unspent balance of previous year, a sum of Rs. 3,23,61,770.24 /- (Rupees Three Crore Twenty Three Lakh Sixty One Thousand Seven Hundred Seventy and Twenty Four Paise Only) has been utilized for the purpose of National Health Portal approved expenditure of the Institute for which it was sanctioned and that the balance of Rs. 8,12,94,396.76 /- (Rupees Eight Crore Twelve Lakh Ninety Four Thousand Three Hundred Ninety Six and Seventy Six Paise Only) remaining unutilized at the end of the year 2015-16 will be adjusted towards the grant-in-aid payable during the next year 2016-17.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned:

- Utilization Certificate for Year 2015-16 issued by National Institute of Health and Family Welfare, Munirka, New Delhi.

Yours Faithfully



(S. K. Pani)

Under Secretary to Govt

Tel: 23061213

To:

- The P&AO, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi- 110011
- The Director, NIHF, New Delhi

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NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
BABA GANG NATH MARG, MUNIRKA, NEW DELHI-110067

FORM GFR 19-A
{See Rule 212 (1)}
Form of Utilization Certificate

Financial Year 2015-16

S.No	Letter No.	Amount
1	Letter No. V-11012/4/2014-MMPC(eGov) dated 7 th December, 2015	Rs.5,00,00,000/-
2	Letter No. V-11013/1/2015-eGov dated 21 st March, 2016	Rs.3.30.00.000/-
	TOTAL	Rs.8,30,00,000/- (Rupees Eight Crore Thirty Lakh Only)

Certified that out of Rs.8,30,00,000/- (Rupees Eight Crore Thirty Lakh Only) of grants-in-aid sanctioned during the year 2015-16 in favour of Director, NIHFV under the Ministry / Department Letter No. given above and Rs.3,06,53,667/- (Rupees Three Crore Six Lakh Fifty Three Thousand Six Hundred Sixty Seven Only) on account of unspent balance of the previous year, Rs.2500/- (Rupees Two Thousand Five Hundred Only) received from sale of Tender Form during the year a sum of Rs.3,23,61,770.24 (Rupees Three Core Twenty Three Lakh Sixty One Thousand Seven Hundred Seventy & Paise Twenty Four Only) has been utilized for the purpose of **National Health Portal** for which it was sanctioned and that the balance of Rs.8,12,94,396.76 (Rupees Eight Crore Twelve Lakh Ninety Four Thousand Three Hundred Ninety Six & Paise Seventy Six Only) will be adjusted towards the grants-in-aid payable during the next year 2016-17.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose which it was sanctioned.

Kinds of checks exercised

1. Cheque register
2. Bank Statement
3. Audit of Accounts 2015-16

Signature:



Designation:

Accounts Officer

Date: 23/11/16

S.K. Bhattacharya
Accounts Officer (P)
National Institute of Health & Family Welfare
Munirka, New Delhi / Munirka, New Delhi-110067

Director
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
National Institute of Health and Family Welfare
बाबा गंगनाथ मार्ग / Baba Gang Nath Marg
मुनीरका, नई दिल्ली / Munirka, New Delhi - 110067

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OLD UC

Sanction Details

Controller: 017-HEALTH and FAMILY WELFARE

Sanction Status: Approved

Sanction Number: Q-11013/3/2015-eGov

Sanction Date: 05/01/2017

Sanction Type: Transfer (DDO Bill)

Sanction Amount: 1000000

IFD Number: C-2633

IFD Date: 03/01/2017

Plan Scheme: 9157-HUMAN RESOURCE IN HEALTH AND MEDICAL EDUCATION

PAO: 020866-PAO(Sectt.), Ministry of Health & FW, New Delhi

DDO: 220867-A.O.MINISTRY OF HEALTH & FAMILY WELFARE,DEPARTMENT OF HEALTH.

Remarks: Approve

Created By: tele

Created On: 09/01/2017 11:10:32 AM

Modified By: tele

Modified On: 09/01/2017 02:49:06 PM

Account Details:

Grant	Department (For UT Grants Only)	Function Head	Object Head	Category	Amount	External PAO	Available Budget
042 - Department of Health and Family Welfare		2210068002402 - TELEMEDICINE	31 - GRANTS- IN-AID GENERAL	9 - PLAN VOTED- EXPENDITURE	1000000		102000000

Agency Details:

Sr.No	Agency Name	City	District	State	Country	Gross Amount	Deduction Amount	Net Amount	Payee Remarks
1	NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE	NEW DELHI	CENTRAL	DELHI	INDIA	1,000,000	0	1,000,000	for IHIP

Sanction Approved Successfully.

Edit Sanction

Payee Details

Cancel Sanction

Print Sanction Order

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Page No: 1 /1

Receipt No : 641915/2017/E-GOVERNANCE

SANCTION ID

Controllor 017-HEALTH and FAMILY WELFARE **Sanction Type** Transfer
Plan Scheme HUMAN RESOURCE IN HEALTH AND MEDICAL EDUCATION
IFD Number C-2633 **IFD Date** 03-01-2017
Sanction No. Q-11013/3/2015-eGov
Sanction Date 05-01-2017 **Bill No. / Date** CP00003269 / 19-01-2017
PAO 020866-PAO(Sectt.), Ministry of Health & FW, New Delhi
DDO 220867 - A.O.MINISTRY OF HEALTH & FAMILY WELFARE,DEPARTMENT OF HEALTH.
Grant 042 - Department of Health and Family Welfare
Function Head 2210068002402 - TELEMEDICINE
Object Head 31 - GRANTS-IN-AID GENERAL
Category 9 - PLAN VOTED-EXPENDITURE

SNo	Sancti on SI No	Agency	Amt
1	9157/T/1777/1617/042/52 01674	NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE	10,00,000.00

District : CENTRAL
State : DELHI
Country : INDIA

Agency/Vendor Name In Bank : NIHFW Project
 Account

Inst. Type : RTGS

A/C Number : 10932786931

Bank : STATE BANK OF INDIA, NIH
 & FAMILY WELFARE, MEH RD. MUNIRKA DELHI

Deductions :

TOTAL: 10,00,000.00

Amount in Words :

Ten Lakhs Rupee(s) Only

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 1911
 Ministry of Health & F.W.
 New Delhi

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Check list for bills of Grant-in-Aid

Sl.No.	Description	Yes/No
1	The grantee Institution's name has been mentioned in the sanction order	Yes
2	Purpose of the Grant is indicated	Yes
3	Grant is Recurring/Non-recurring	Non recurring
4	Amount of Grant is mentioned both in words and figures	Yes
5	Installment Number of the Grant, if applicable is mentioned	NA
6	Progressive amount along with Previous installments released under the same scheme to the same grantee has been shown in the sanction order	NA
7	The sanction letter states that no UC is pending	Yes
8	The Terms and Conditions of the Grant are in accordance with the GFR 2005.	Yes
9	The Utilization Certificate is submitted by the Grantee in Form GFR 19 (A)	Yes
10	The expenditure figures shown in the bill are both in figures and words.	Yes
11	Necessary balance exists in budget to meet the expenditure	Yes
12	Valid Re-Appropriation order is enclosed with the bill	NA
13	The sanction order from both PD and DDO have been generated on PFMS portal	Yes


 Under Secretary
 Ministry of Health & Family Welfare
 Govt. of India

Signature with Stamp
Under Secretary to the Govt. of India

Receipt No : 641915/2017/E-GOVERNANCE

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GRANT-IN-AID
[[Rupees Ten Lakh only]]

Grants-in-aid

Central

Revenue

Head of Accounts	Demand No.42 - Department of Health and Family Welfare for the year 2016-17 2210 – Medical and Public Health (Major Head). 06800 – Other Expenditure (Minor Head), 24 – New Initiatives under Central Schemes, 2402 – Telemedicine, 240231- Grants-in-aid General (Plan) during the year 2016-17.
------------------	--

Received a sum of **Rs 10,00,000/- (Rupees Ten Lakhs only)** sanctioned under Government of India, Ministry of Health & Family Welfare Sanction No. **Q-11013/3/2016-eGov** dated **05.01.2017** (copy enclosed) as grant-in-aid for disbursement to **National Institute of Health & Family Welfare, New Delhi.**

The requisition form for the electronic transfer of funds is enclosed in prescribed proforma.

Certified that:-

1. The grantee of Institutions has been exempted from executing a bond.
2. I have no reason to believe that the grantee Institution is involved in corrupt practice.
3. The amount claimed in the bill has not been drawn earlier from any other source.
4. The Institution has accepted the terms and conditions of the sanction.
5. No UC is pending against NIHFV against the Grant in Aid released by this division.
6. The Sanction No. **Q-11013/3/2016-eGov** has been generated on CPSMS on **05.01.2017** (copy enclosed).

Place: New Delhi.


 Signature
 Designation
 Stamp of Office

For use in Treasury

Pay Rupees _____

Examined _____


Treasury Accountant _____

Treasury Officer

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CHECK LIST

1.	Details of Head of Accounts	Demand No.42 - Department of Health and Family Welfare for the year 2016-17 2210 – Medical and Public Health (Major Head). 06800 – Other Expenditure (Minor Head), 24 – New Initiatives under Central Schemes, 2402 – Telemedicine, 240231- Grants-in-aid General (Plan) during the year 2016-17.
2.	Total allotment of Budget under the above head	Rs. 31,00,00,000 /-
3	Net amount of the Bill	Rs. 10,00,000/-
4	Total expenditure from 1 st April 2016 till date (21.07.2016) including this bill	Rs. 20,80,00,000 /-
5.	Remaining Balance	Rs. 10,20,00,000/-


 सचिव, स्वास्थ्य एवं परिवार कल्याण विभाग
 Ministry of Health & F.W.
 भारत सरकार / Govt. of India
 नई दिल्ली / New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

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File No.Q-11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(Department of Health and Family Welfare)

Room No.213-D Wing,
Nirman Bhavan, New Delhi-110011
Dated the 5th January, 2017

To

The Pay and Accounts Officer (Secretariat)
Ministry of Health and Family Welfare,
Nirman Bhawan, New Delhi

Subject: Release of fund of Rs 10,00,000/- to NIHFw, Munirka, New Delhi under the scheme[duration 2016-17 to 2020-21] for setting up of Integrated Health Information Platform (IHIP) during 2016-17- Regarding.

Sir,

I am directed to convey the sanction of the President to the payment of Rs 10,00,000/- (Rupees Ten Lakhs only) to Centre for Health Informatics(CHI), National Institute of Health and Family Welfare (NIHFw), Munirka, New Delhi during 2016-17 under the scheme for setting up of Integrated Health Information Platform (IHIP) [over a period of 5 years i.e. 2016-17 to 2020-21].

2. The sanction is made in accordance to the Rule 206-215 of General Financial Rules, 2005. The payment of grant-in-aid will be subject to the provisions of GFR_2005/DFPR-1978/ Receipt and Payment Rules 1983 (as amended from time to time) and the following terms and conditions:

- (a) The Institute shall not without prior sanction of the Government dispose of or encumber or utilize the assets acquired wholly or substantially out of the Government grant for purpose other than those for which the grant has been sanctioned
- (b) Accounts of the Institute will be audited by the Comptroller and Auditor General of India.
- (c) The Accounts of the Institute shall also be opened for test check by the C&AG at his discretion.
- (d) If the grant or any part thereof is not utilized for the purpose for which it is paid, it shall be refunded to the Government immediately.
- (e) The Institute should maintain a register in Form GFR-19 of the payment and semi-permanent assets acquired wholly or mainly out of Government grants and a copy thereof furnished to this Ministry.
- (f) The register of assets maintained by the Institute shall be made available for scrutiny by the Audit.
- (g) A utilization certificate in the proforma prescribed and the audited statement of accounts should be furnished to this Ministry soon after the accounts of the Institute of the year 2015-16 are audited by the DGACR, New Delhi or his representative to enable the Government to satisfy themselves that the amount has been utilized for the purpose for which it was sanctioned. These

(Signature)
Minister of Health & Family Welfare
New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

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documents should be sent to this Ministry immediately after the closure of the current financial year and in any case not later than the end of the third month of the next financial year.

(h) The accounts of the grantee institution shall be open to inspection by the sanctioning authority and audit both by the CAG of India under the provision of CAG(DPC) Act, 1971 and internal audit wing of the O/o CCA of the Ministry whenever the institution or organization is called upon to do so.

3. The payment of the grant-in-aid will be made by the Electronic transfer/ Demand Draft/ Cheque on receipt of an undertaking from the National Institute of Health and Family Welfare, New Delhi that the terms and conditions for the grants are acceptable to them.

4. The expenditure involved is debitable to Demand No. 42 Department of Health & Family Welfare, Major Head 2210 – Medical & Public Health. 06800 – Other Expenditure (Minor Head), 24 – New Initiatives under Central Schemes, 2402 – Telemedicine, 240231 Grants-in-aid General (Plan) during the year 2016-17.

5. This issue with the concurrence of Integrated Finance Division vide Dy. No C-2633 dated 03.01.2017.

6. This grantee institution is not a defaulter in submission of Utilization Certificate and no Utilization Certificate is pending against the Grant-in-aid released by this Division for this scheme. It is certified that the amount of the grant-in-aid sanctioned above is within the provision made in Budget for the year 2016-17.

(S.K. Pani)
Under Secretary to the Government of India
Ministry of Health & Family Welfare
New Delhi

Under Secretary to the Government of India

Tel: 23061213

Copy forwarded for information and necessary action to:

1. The Director, CHI, National Institute of Health and Family Welfare, New Mehrauli Road, Munirka, New Delhi 110067, with a request to send the necessary undertaking/certificate immediately to this Department.
2. Director of Audit, Central Revenues, IP Estate, New Delhi
3. Cash (H)/Budget (H)

(S.K. Pani)
Under Secretary to the Government of India
Ministry of Health & Family Welfare
New Delhi

(S.K. Pani)

Under Secretary to the Government of India

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-40/N-

FTS No.148995

Integrated Finance Division

This is regarding release of Rs. 10 Lakhs to in connection with the scheme of setting up of Integrated Health Information Platform (IHIP) during 2016-17.

2. In this connection notes of the Division vide., page 39/ante may kindly be perused. It has been pointed out that Hon'ble HFM has approved the scheme of setting up of Integrated Health Information Platform (IHIP) at an estimated cost of Rs. 95 Crores (approx.) over a period of 5 years excluding the cost for cloud computing and network connectivity resources. (p. 35-36/ante.).

3. The details of budget head from which the proposed expenditure is to be met are indicated at para (5 on p.39/n. The proposal has approval of JS (SS).

5. In view of the above, IFD may concur in the proposal of the Division.

(Thomas Mathew)
US (F-V)
02.01.2017

Director (IFD) on leave

AS & FA

W/C
FV

2/1/17

Dir (SA)

2/1/17

US (e/olm)

3/1/17

3/1/2017

AD (e-Gov)

4/1/17

Mrs Anita, ASO

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OLD UC

Sanction Details

Controller:	Q17-HEALTH and FAMILY WELFARE	Sanction Status:	Approved
Sanction Number:	Q-11013/3/2015-eGov	Sanction Date:	05/01/2017
Sanction Type:	Transfer (DDO B)	Sanction Amount:	1000000
IFD Number:	C-2633	IFD Date:	03/01/2017
Plan Scheme:	9157-HUMAN RESOURCE IN HEALTH AND MEDICAL EDUCATION	PAO:	020866-PAO(Sectt.), Ministry of Health & FW, New Delhi
DDO:	220867-A.O.MINISTRY OF HEALTH & FAMILY WELFARE,DEPARTMENT OF HEALTH.	Remarks:	Approve
Created By:	tele	Created On:	09/01/2017 11:10:32 AM
Modified By:	tele	Modified On:	09/01/2017 02:49:06 PM

Account Details:

Grant	Department (For UT Grants Only)	Function Head	Object Head	Category	Amount	External PAO	Available Budget
042 - Department of Health and Family Welfare		2210068002402 - TELEMEDICINE	31 - GRANTS-IN-AID GENERAL	9 - PLAN VOTED-EXPENDITURE	1000000		102000000

Agency Details:

Sr.No	Agency Name	City	District	State	Country	Gross Amount	Deduction Amount	Net Amount	Payee Remarks
1	NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE	NEW DELHI	CENTRAL	DELHI	INDIA	1,000,000	0	1,000,000	for IHIP

Sanction Approved Successfully.

Edit Sanction	Payee Details	Cancel Sanction	Print Sanction Order	Back
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Receipt No : 641915/2017/E-GOVERNANCE

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राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)

National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
दूरभाष (कार्यालय) 91-11-26165959, 26166441, 26188485, 26107773
फैक्स 91-11-26101623 ई.मेल info@nihfw.org
वेब साइट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067
Phones: 91-11-26165959, 26166441, 26188485, 26107773
Fax: 91-11-26101523 E-Mail: info@nihfw.org
Web Site: www.nihfw.org

UNDERTAKING

NIHFW, New Delhi agrees to be governed by the terms and conditions of Grant-in-Aid sanctioned by the Ministry of Health and Family Welfare vide letter No Q-11013/3/2015-eGov dated 05.01.2017.

(Signature of Authority)

Director, NIHFW

Date: 07/01/17

निदेशक, राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
Director, National Institute of Health and Family Welfare
बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
www.nihfw.org

Receipt No : 641915/2017/E-GOVERNANCE

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राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)



National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773
फैक्स: 91-11-26101623 ई.मेल: info@nihfw.org
वेब साईट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067
Phones: 91-11-26165959, 26166441, 26188485, 26107773
Fax: 91-11-26101623 E-Mail: info@nihfw.org
Web Site: www.nihfw.org

CERTIFICATE

This is to certify that, NIHFw, New Delhi is not involved in any corrupt practice. Further there are no proceedings relating to the Accounts or conduct of any of its office bearers.


(Signature of Authority)
Director, NIHFw

Date: 09/01/17
Dr. Anoop Kumar, M.D. - Prof. (Gen. Med.)
Director, NIHFw
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
National Institute of Health and Family Welfare
बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
मुनीरका, नई दिल्ली-110067

Receipt No : 641915/2017/E-GOVERNANCE

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राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण विभाग, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)

National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773
फैक्स: 91-11-26101623 ई.मेल: info@nihfw.org
वेब साइट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067
Phones: 91-11-26165959, 26166441, 26188485, 26107773
Fax: 91-11-26101623 E-Mail: info@nihfw.org
Web Site: www.nihfw.org

FORM OF QUITTANCE FOR GRANT-IN-AID (PRE-RECEIPT)

Name of Institution: NIHFW, New Delhi

Received an amount of Rs 10,00,000/- (Rs. Ten Lakh only) from Ministry of Health and Family Welfare (Department of Health and Family Welfare) on account Grant-in-Aid for the year 2016-17 sanctioned vide the Department of Health and Family Welfare letter no Q-11013/3/2015-eGov dated 05.01.2017.

Revenue Stamp

(Signature of Guarantee)

Accounts Officer, NIHFW

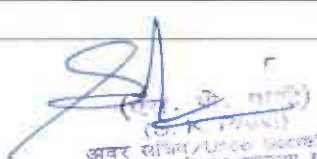
Date: 09/01/17
मल. के भट्टाचार्य S.K. Bhattacharya
सेवा अधिकारी (निर्वाह) Accounts Officer (P)
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
National Institute of Health & Family Welfare
मुनीरका मार्ग दिल्ली / Munirka, New Delhi-110067

Receipt No : 641915/2017/E-GOVERNANCE

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REQUISITION FORM FOR THE ELECTRONIC TRANSFER OF FUNDS

(TO BE SUBMITTED IN DUPLICATE)

Name of grantee institute/ other organization	National Institute of Health and Family Welfare, Baba Gang Nath Marg, Munirka, New Delhi- 110067
Name of the Account	NIHFW Project Account
Name of the bank	State Bank of India
Address of the bank	SBI NIHFW, Baba Gang Nath Marg, Munirka, New Delhi- 110067 Tel: 01126182452 Email: sbi.10439@sbi.com
Account number	10932786931
IFSC Code of the Bank	SBIN0010439
MICR Code No.	110002429
BSR Code	
Amount to be transferred	Rs. 10,00,000/-
(Signature of the Grant Sanctioning Authority / other Competent Authority	 Joint Secretary स्वास्थ्य एवं परिवार कल्याण विभाग Ministry of Health & F.W. भारत सरकार / Govt. of India New Delhi

(For the use of PAOS) only

Name of the DDO	
BILL NO.	
D.V. NO.	
Ch. No. & Ch. Date	
Cheque amount	

(SR. ACCOUNTS OFFICERS)
PAY & ACCOUNTS OFFICER

Receipt No : 641915/2017/E-GOVERNANCE

V-12013/1/2016-eGov
Government of India
Ministry of Health & Family Welfare



Nirman Bhawan, New Delhi
Date: 3rd January, 2017

FORM GFR 19-A

Utilization Certificate under plan budget for the financial year 2015-16 released to National Institute of Health and Family Welfare, New Delhi.

Sr. No.	Particulars	Plan (Rs)
1.	Total Grant released during the Year 2015-16	8,30,00,000 /-
2.	Opening Balance of previous year (2014-15)	3,06,53,667/-
3.	Receipt from sale of Tender form during the Year 2015-16	2,500 /-
4.	Grand Total for the Year 2015-16	11,36,56,167/-
5.	Amount utilized during the Year 2015-16	3,23,61,770.24 /-
6.	Unspent Balance As on 31.03.2016	8,12,94,396.76 /-

It is certified that out of Rs. 8,30,00,000 /- (Rupees Eight Crore Thirty Lakh Only) grants sanctioned during the year 2015-16 in favor of the Institute and Rs. 3,06,53,667/- (Rupees Three Crore Six Lakh Fifty Three Thousand Six Hundred Sixty Seven Only) on account of unspent balance of previous year, a sum of Rs. 3,23,61,770.24 /- (Rupees Three Crore Twenty Three Lakh Sixty One Thousand Seven Hundred Seventy and Twenty Four Paise Only) has been utilized for the purpose of **National Health Portal** approved expenditure of the Institute for which it was sanctioned and that the balance of Rs. 8,12,94,396.76 /- (Rupees Eight Crore Twelve Lakh Ninety Four Thousand Three Hundred Ninety Six and Seventy Six Paise Only) remaining unutilized at the end of the year 2015-16 will be adjusted towards the grant-in-aid payable during the next year 2016-17.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned:

- Utilization Certificate for Year 2015-16 issued by National Institute of Health and Family Welfare, Munirka, New Delhi.

Yours Faithfully



(S. K. Pani)

Under Secretary to Govt
Tel: 23061213

To:

- The P&AO, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi- 110011
- The Director, NIHF, New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

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NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
BABA GANG NATH MARG, MUNIRKA, NEW DELHI-110067

FORM GFR 19-A
{See Rule 212 (1)}
Form of Utilization Certificate

Financial Year 2015-16

S.No	Letter No.	Amount
1	Letter No. V-11012/4/2014-MMPC(eGov) dated 7 th December, 2015	Rs.5,00,00,000/-
2	Letter No. V-11013/1/2015-eGov dated 21 st March, 2016	Rs.3.30.00.000/-
	TOTAL	Rs.8,30,00,000/-(Rupees Eight Crore Thirty Lakh Only)

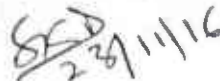
Certified that out of Rs.8,30,00,000/-(Rupees Eight Crore Thirty Lakh Only) of grants-in-aid sanctioned during the year 2015-16 in favour of Director, NIHFV under the Ministry / Department Letter No. given above and Rs.3,06,53,667/- (Rupees Three Crore Six Lakh Fifty Three Thousand Six Hundred Sixty Seven Only) on account of unspent balance of the previous year, Rs.2500/- (Rupees Two Thousand Five Hundred Only) received from sale of Tender Form during the year a sum of Rs.3,23,61,770.24 (Rupees Three Core Twenty Three Lakh Sixty One Thousand Seven Hundred Seventy & Paise Twenty Four Only) has been utilized for the purpose of **National Health Portal** for which it was sanctioned and that the balance of Rs.8,12,94,396.76 (Rupees Eight Crore Twelve Lakh Ninety Four Thousand Three Hundred Ninety Six & Paise Seventy Six Only) will be adjusted towards the grants-in-aid payable during the next year 2016-17.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose which it was sanctioned.

Kinds of checks exercised

1. Cheque register
2. Bank Statement
3. Audit of Accounts 2015-16

Signature:



Designation:

Accounts Officer

Date: 22/01/16 S.K. Bhattacharya

लेखा अधिकारी (P) Accounts Officer (P)

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान

National Institute of Health & Family Welfare

मुनीरका, नई दिल्ली / Munirka, New Delhi-110067

Director

निदेशक / Director

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान

National Institute of Health and Family Welfare

बाबा गंगनाथ मार्ग / Baba Gang Nath Marg

मुनीरका, नई दिल्ली / Munirka, New Delhi-110067

Receipt No : 641915/2017/E-GOVERNANCE

(353)

File No.Q-11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(Department of Health and Family Welfare)

Room No.213-D Wing,
Nirman Bhavan, New Delhi-110011
Dated the 5th January, 2017

To

The Pay and Accounts Officer (Secretariat)
Ministry of Health and Family Welfare,
Nirman Bhawan, New Delhi

Subject: Release of fund of Rs 10,00,000/- to NIHF, Munirka, New Delhi under the scheme[duration 2016-17 to 2020-21] for setting up of Integrated Health Information Platform (IHIP) during 2016-17- Regarding.

Sir,

I am directed to convey the sanction of the President to the payment of Rs 10,00,000/- (Rupees Ten Lakhs only) to Centre for Health Informatics(CHI), National Institute of Health and Family Welfare (NIHF), Munirka, New Delhi during 2016-17 under the scheme for setting up of Integrated Health Information Platform (IHIP) [over a period of 5 years i.e. 2016-17 to 2020-21].

2. The sanction is made in accordance to the Rule 206-215 of General Financial Rules, 2005. The payment of grant-in-aid will be subject to the provisions of GFR_2005/DFPR-1978/ Receipt and Payment Rules 1983 (as amended from time to time) and the following terms and conditions:

- (a) The Institute shall not without prior sanction of the Government dispose of or encumber or utilize the assets acquired wholly or substantially out of the Government grant for purpose other than those for which the grant has been sanctioned
- (b) Accounts of the Institute will be audited by the Comptroller and Auditor General of India.
- (c) The Accounts of the Institute shall also be opened for test check by the C&AG at his discretion.
- (d) If the grant or any part thereof is not utilized for the purpose for which it is paid, it shall be refunded to the Government immediately.
- (e) The Institute should maintain a register in Form GFR-19 of the payment and semi-permanent assets acquired wholly or mainly out of Government grants and a copy thereof furnished to this Ministry.
- (f) The register of assets maintained by the Institute shall be made available for scrutiny by the Audit.
- (g) A utilization certificate in the proforma prescribed and the audited statement of accounts should be furnished to this Ministry soon after the accounts of the Institute of the year **2015-16** are audited by the DGACR, New Delhi or his representative to enable the Government to satisfy themselves that the amount has been utilized for the purpose for which it was sanctioned. These

(Sd/- K. P. Singh)
Under Secretary
Ministry of Health & F.W.
New Delhi

Receipt No. 641915/2017/E-GOVERNANCE

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documents should be sent to this Ministry immediately after the closure of the current financial year and in any case not later than the end of the third month of the next financial year.

(h) The accounts of the grantee institution shall be open to inspection by the sanctioning authority and audit both by the CAG of India under the provision of CAG(DPC) Act, 1971 and internal audit wing of the O/o CCA of the Ministry whenever the institution or organization is called upon to do so.

3. The payment of the grant-in-aid will be made by the Electronic transfer/ Demand Draft/ Cheque on receipt of an undertaking from the National Institute of Health and Family Welfare, New Delhi that the terms and conditions for the grants are acceptable to them.

4. The expenditure involved is debitable to Demand No. 42 Department of Health & Family Welfare, Major Head 2210 – Medical & Public Health. 06800 – Other Expenditure (Minor Head), 24 – New Initiatives under Central Schemes, 2402 – Telemedicine, 240231 Grants-in-aid General (Plan) during the year 2016-17.

5. This issue with the concurrence of Integrated Finance Division vide Dy. No C-2633 dated 03.01.2017.

6. This grantee institution is not a defaulter in submission of Utilization Certificate and no Utilization Certificate is pending against the Grant-in-aid released by this Division for this scheme. It is certified that the amount of the grant-in-aid sanctioned above is within the provision made in Budget for the year 2016-17.

(S.K. Pani)
(S.K. Pani)
अवर सचिव/उप सचिव
स्वास्थ्य एवं परिवार कल्याण विभाग
Ministry of Health & F.W.
भारत सरकार/ Govt. of India
नई दिल्ली/ New Delhi
(S.K. Pani)

Under Secretary to the Government of India

Tel: 23061213

Copy forwarded for information and necessary action to:

1. The Director, CHI, National Institute of Health and Family Welfare, New Mehrauli Road, Munirka, New Delhi 110067, with a request to send the necessary undertaking/certificate immediately to this Department.
2. Director of Audit, Central Revenues, IP Estate, New Delhi
3. Cash (H)/Budget (H)

(S.K. Pani)
(S.K. Pani)
अवर सचिव/उप सचिव
स्वास्थ्य एवं परिवार कल्याण विभाग
Ministry of Health & F.W.
भारत सरकार/ Govt. of India
नई दिल्ली/ New Delhi
(S.K. Pani)

(S.K. Pani)

Under Secretary to the Government of India

(351)

Centre for Health Informatics
National Institute of Health and Family Welfare
Ministry of Health & Family Welfare

F. No. NIHFW/CHI/IHIP /2016

Dated : 26 December 2016

To

Shri Jitendra Arora
Director (e-Gov),
Ministry of Health Family Welfare,
307 D, Nirman Bhawan, New Delhi.

Subject: Request for release of Fund for setting up of Integrated Health Information Platform

Dear Sir,

Please refer to your letter No. Q.11013/4/2016-eGov dated 1st September 2016 and to say that the CHI is in the process of setting up of Integrated Health Information Platform at an estimated cost Rs. 95.2 crores (approx.) as desired by MoHFW. For implementation IHIP project this office requires Rs Five Core initially to start the tendering process.

2. The detailed RFP document has already been approved by the TEC, which was constituted by the MoHFW.

3. It is requested that MoHFW may kindly release Rs 5 crore out of Rs 95.2 crore (approved amount) to CHI so that necessary action for setting of IHIP can be started immediately.

With regards,

Yours sincerely,

Sarbadhikari

(Prof. S N Sarbadhikari)
Project Director, CHI

(350)

- 16 -

Q-11013/3/2015-eGov

File. No. Z-28015/1/2016-Estt.†

FTS: 148995

Subject: Manpower details and rate contract for test bed for interoperability-reg

A Senior Officers Meeting (SOM) was held under the chairmanship of Secretary (HFW) on 31.12.2015 in Nirman Bhawan, New Delhi. In the meeting achievements/ progress of implementation of eHealth and way forward was discussed.

2. During the meeting it was decided ^{to} implement pilot of 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. As per the para 3.6 of the MOM (F/A) NIC is assigned to undertake the tasks related to the interoperability test bed and completed by June 2016. For this NIC is to ^{be} provided with required resources, such as manpower, office space & financials.

4. Further as discussed with (Shri Sunil Kumar, Senior Technical Director, NIC, MoHFW) details of manpower requirement has been received from NIC. Vide email dated 7th January 2016 (F/B) containing approved rates contract for Technical Manpower Services under NIC- Industry Partnership Program for e-Governance Projects (Cat-B) against Tender No. NIC/TPS/2014/17-Rate Contract (F/C). Educational Qualifications, Terms and conditions and scope of contract as approved under the contract has also been mentioned. Along with the rates contract, Shri Sunil Kumar has also forwarded estimated cost of Manpower for support services under test bed projects. The summary of the estimated costs for hiring of manpower for speedy implementation of EHR based test bed is placed below:

Estimated cost of manpower for support services under test bed for interoperability					
S.No	Type of Manpower	No. of persons required	Hiring Period (in)	Unit Price (Per)	Total Cost (Rs)

Receipt No : 641915/2017/E-GOVERNANCE

			months)	man month)	
1	Project Manager Level-2	1	12	97191	1166292
	Sr. Programmer level- 2	2	12	34556	829344
	Programmer	4	12	23757	1140336
	Programmer Assistant	3	12	19438	699768
	Total	10			3835740

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Receipt No : 641915/2017/E-GOVERNANCE

5 The above expenditure will be met from the Grant/funds of Rs. 5 Cr already released to CHI (NIHFW). IFD concurrence will also be obtained after approval of Secretary (HFW)

6. File is submitted for approval of Secretary (HFW) for hiring 10 personnel as mentioned in para 4 for undertaking the pilot for EHR based integration projects.

(Jitendra Arora)
Director (eGov)

JS(SS) don't the skill set / proficiency required for

Discussed with JS(SS) 19/1/16 pl. speeds the manpower for eHR project with budget.

[JS(SS)]

(A) above may kindly be concerned / approved.

AS (KBA)

AS & FA

[Secretary]

May please examine & submit early.

(dir-on name)

W6/IFD
F.V

20/1

260
M/o Health & F.W
U.F.D. / 11/1/16
Dy. F.T.S. No. 905
Date: 11/1/16

Min. C
A.S
F.T.S N
Date:

File. No. Q-11013/3/2015-eGov
FTS: 148995

Subject: Manpower details and rate contract for test bed for interoperability -reg

A Senior Officers Meeting (SOM) was held under the chairmanship of Secretary (HFW) on 31.12.2015 in Nirman Bhawan, New Delhi. In the meeting achievements/ progress of implementation of eHealth and way forward was discussed.

2. During the meeting it was decided to implement pilot of 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. As per the para 3.6 of the MOM (F/A) NIC is assigned to undertake the tasks related to the interoperability test bed and complete by June 2016 For this NIC is to be provided with required resources, such as manpower, office space & financials.

3. Further as discussed with (Shri Sunil Kumar, Senior Technical Director, NIC, MoHFW) details of manpower requirement has been received from NIC Vide email dated 7th January 2016 (F/B) containing approved rates contract for Technical Manpower Services under NIC-Industry Partnership Program for e-Governance Projects (Cat-B) against Tender No. NIC/TPS/2014/17- Rate Contract (F/C). Educational Qualifications, Terms and conditions and scope of contract as approved under the contract has also been mentioned. Along with the rates contract, Shri Sunil Kumar has also forwarded estimated cost of Manpower for support services under test bed projects. The summary of the estimated costs for hiring of manpower for speedy implementation of EHR based test bed is placed below:

Estimated cost of manpower for support services under test bed for interoperability					
S. No	Type of Manpower	No. of persons required	Hiring Period (in month)	Unit Price (Per man)	Total Cost (Rs)

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Technical specifications

HP DesignJet Z6200 Photo Production Printer

Print	Image quality	Media	Applications	Memory	Connectivity	Dimensions (w x h)	Weight	What's in the box	Emboss- mental ranges	Acoustic	Power consumption	Certification	Safety	Electro- magnetic	Environmental	One-year limited hardware warranty
Max. print speed* 113 mtr/hr (1225 ltr/hr) Print resolution Up to 2400 x 1200 optimised dpi Margins (top x bottom x left x right) 5 x 5 x 5 mm (0.2 x 0.2 x 0.2 in.)	Short-term colour stability < 1 d2000 less than 5 minutes† Long-term print-to-print repeatability Handling Roll feed, automatic cutter, media bin Weight Up to 460 g/m² (114 lb) depending on media type Size 280 to 1067-mm (11 to 42-in) rolls Thickness Up to 0.56 mm (22 mil)	Disposal, POP/POS Maps, Orthophotos, Posters, Banners, Mockups, Photos, Digital fine art, Proofs, 32 GB (virtual), 160 GB hard disk	Interfaces Gigabit Ethernet (1000Base-T), Hi-Speed USB 2.0 certified, EIO (standard) Standard: HP-GI/2, HP-RTL, CALS G4 Optional: Adobe® PostScript® 3™, Adobe PDF 1.7, TIFF, JPEG Drivers AutoCAD, from version 2000 to current, PostScript® Windows, Linux, and Mac drivers with optional PostScript®/PDF Upgrade Kit (included)	Printer 1970 x 690 x 1370 mm (77.5 x 27.2 x 53.9 in) Shipping 2230 x 750 x 1200 mm (87.8 x 29.5 x 47.2 in) Printer 123 kg (271 lb) Shipping 210 kg (462 lb)	HP DesignJet Z6200 Photo Production Printer, spindles, printheads, introductory cartridges, maintenance cartridges, printer stand, media bin, 3-in spindle adapter kit, quick reference guide, setup poster, startup software, power cord	Operating temperature: -20 to 55°C (-4 to 131°F) Storage temperature: -20 to 55°C (-4 to 131°F) Operating humidity: 20 to 80% RH Sound pressure: 53 dB(A) (active), 38 dB(A) (standby) Sound power: 7 dB(A) (active), 5 dB(A) (standby)	270 watts (printing) < 100 watts (ready) < 9 watts (sleep) < 0.5 watts (off) Digital Front End (Sleep): < 0.5 watts (off) Request: input voltage (auto ranging) 100 to 127 VAC (+/- 10%), 5 A; 220 to 240 VAC (+/- 10%) 3 A, 50/60 Hz (+/- 3 Hz)	USA and Canada (CSA certified), EU (LVD and EN 60950-1 compliant), Russia (GOST), Singapore (P58), China (CCC), Argentina (IRAM), Mexico (NVECE), Korea (KCC)	Complies with Class A requirements, including USA FCC (FCC), Canada (ICES), EU (EMC Directive), Australia (ACMA), Japan (VCCI), China (CCC), Brazil (INMETRO), India (BIS), South Africa (SABS), New Zealand (RSM), China (CCC)	ENERGY STAR, WEEE, EU RoHS, China RoHS, REACH, RoHS, EMC, CEAT Bronze	One-year limited hardware warranty					

Mechanical printing time, printed in fast mode with Econoprint on, using HP Bright White ink.
Paper (Bond and Original HP inks.
ICC absolute colourimetric accuracy on HP ProProof Matte paper with Original HP inks.
Based on 1 GB RAM. Expanded to 3.5 GB RAM through an HP Designer qualified 500 MB
included only in the optional HP Designer PostScript®/PDF upgrade kit accessory.
HP Designer SmartStream only supports PostScript® printers. If your printer requires an accessory
to handle PostScript, you must install the accessory to use the printer with HP Designer
SmartStream. For further up-to-date information, see hp.com/go/DesignSmartStream.
Not available for North America and Canada.
BMG trademark license code FSC® C115319. See fsc.org. HP trademark license code
FSC® C017543. See fsc.org. Not all FSC®-certified products are available in all regions.
In Asia (including Japan), recyclable in consumer collection systems that can accept mixed paper
(may not be recyclable in your area).
HP Large Format Media take-back programme availability varies. See hp.com for details.
Display performance rating for interior displays/away from direct sunlight, under glass by HP
Display Performance Lab and/or by Whitman/Imaging Research, Inc., on a range of HP media.
See HP.Media.com/hp/print/printing/white.

HP designs and supports a variety of solutions for business critical environments — from installation, extended support and maintenance, as well as a variety of value-added services. For more information, please visit <http://com/go/designetsupport>.

Use HP VIVID Photo Inks and printheads to experience consistent high-quality and reliable performance that enable less downtime and increased productivity. These critical printing system components are designed and engineered together to provide optimised efficiency, a wide colour gamut, and prints with over 200 years fade resistance.¹ For more information, visit hp.com/go/OriginalHPInks.

For the entire HP Large-Format Printing Materials portfolio, please see HPLFMedia.com.

[illegible]

Ordering information

Receipt No : 641915/2017/E-GOVERNANCE

		s)	month)	
1	Project Manager Level-2	1	12	97191
	Sr. Programmer level-2	2	12	34556
	Programmer	4	12	23757
	Programmer Assistant	3	12	19438
	Total	10		38,35,740

(345)

Receipt No : 641915/2017/E-GOVERNANCE

c) Tele-Medicine utilizing Space Technology of D/o Space:

MoHFW has made operational following two projects using Space Technology Tools for tele-consultation facility between identified remote Patient end health facility and specialty hospital:

i. Tele-medicine Pilot project in one District of Himachal Pradesh:

Under this project a Telemedicine Node has been established at CHC, Pooh in Kinnaur District to inter-link with existing Telemedicine Node at PGI, Chandigarh.

ii. Establishment of Tele-medicine centres at Ayappa pilgrimage in Kerala:

A Telemedicine Node has been established at Pampa hospital at the base camp of Ayappa pilgrimage which is interlinked with existing Telemedicine Node at JIPMER, Pondicherry and Govt. Medical College, Kozhikode (Calicut).

Further, it is proposed to establish Tele-medicine Nodes at following geographical locations:

- One District each in Odisha, Arunachal Pradesh and Meghalaya
- Chardhams , Kedarnath and Amarnath Pilgrimages

The State Governments have already been requested to identify the patient and specialist ends and Department of Space has been taken on board for providing necessary technical support.

Receipt No : 641915/2017/E-GOVERNANCE

-18/N

(343)

Concurrence of IFD has already been received for hiring of 10 personal to implement pilot of 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. The total estimated cost for one year is Rs. 38,35,740 /-.

The above expenditure will be met from the Grant/funds to CHI (NIHFW).

5. File is submitted for approval of Secretary (HFW) for hiring 10 personnel as mentioned in para 4 for undertaking the pilot for EHR based integration projects.

Jitendra Arora
22/1/16
(Jitendra Arora)
Director (eGov)

Office of Secretary (HFW)
FTS No. 148995
Date 22/01/2016

JS (SS)

A above for kind consideration/approval

AS (KBA)

He
27.1.16

23/1/16

Secretary

O.K. kindly obtain

the concurrence of AS & FA

AS (KBA)

AS & FA's concurrence has
already been obtained (P-16/N)

Secy (HFW)

He
28/1/16

AS (KBA)

Receipt No : 641915/2017/E-GOVERNANCE

2.	Central Bureau of Health Intelligence	DGHS	cbhidghs.nic.in	Started Working <i>Revamp by CHT</i>	Anita Bhargava 9952899891
3.	Dr. Ram Manohar Lohia Hospital	Hospital	http://rmlh.nic.in/	By own <i>Revamp.</i>	
4.	National Vector Borne Disease Control Programme (NVBDCP)	DGHS	http://nvbdc.gov.in/	By own	Yes Dr. Sher Singh (Website for info)
5.	Integrated Disease Surveillance Programme (IDSP)	Directorate General of Health Services	http://www.idsp.nic.in/	By own	Yes Dr. Subash 9818010235
6.	Pre-Natal Diagnostic Techniques (PNDT)	Department of Health & Family Welfare	http://pndt.gov.in/	<i>By CHT</i>	Form No 520/A Nirvan Bhargava pndt@nic.in Sopndt-mohfw @gov.in

Receipt No : 641915/2017/E-GOVERNANCE

28/11/16

(34)

TS(ss)

28/11/16



JS(e.gov)

29/11/16

AD(e.gov)

US(e.gov)

Receipt No : 641915/2017/E-GOVERNANCE

4.	PMSSY	DoHFW	http://pmssy-mohfw.nic.in/	By CHI	Vinod
5.	The Clinical Establishments (Registration and Regulation) ACT, 2010	Department of Health and Family Welfare	http://clinicals-establishments.nic.in/cms/Home.aspx		Dr. Mil Kumar 23061259 Ch. and Kumar Division
6.	National Centre for Disease Control (NCDC)	Directorate General of Health Services	http://www.ncdc.gov.in/	By own By CHI	
NON-COMPLIANT WEBSITES					
1.	Health Management Information System (HMIS) Portal	DoHFW	https://nrhm-mis.nic.in	By CHI	

390

By CHI

By CHI

NON-COMPLIANT WEBSITES

1.

Health Management Information System (HMIS) Portal

DoHFW

<https://nrhm-mis.nic.in>

By CHI

4.

PMSSY

DoHFW

<http://pmssy-mohfw.nic.in/>

By CHI

Vinod

5.

The Clinical Establishments (Registration and Regulation) ACT, 2010

Department of Health and Family Welfare

<http://clinicals-establishments.nic.in/cms/Home.aspx>



Dr. Mil Kumar
23061259
Ch. and Kumar Division

6.

National Centre for Disease Control (NCDC)

Directorate General of Health Services

<http://www.ncdc.gov.in/>

By own
By CHI



NON-COMPLIANT WEBSITES

1.

Health Management Information System (HMIS) Portal

DoHFW

<https://nrhm-mis.nic.in>

By CHI

4.

PMSSY

DoHFW

<http://pmssy-mohfw.nic.in/>

By CHI

Vinod

5.

The Clinical Establishments (Registration and Regulation) ACT, 2010

Department of Health and Family Welfare

<http://clinicals-establishments.nic.in/cms/Home.aspx>



Dr. Mil Kumar
23061259
Ch. and Kumar Division

6.

National Centre for Disease Control (NCDC)

Directorate General of Health Services

<http://www.ncdc.gov.in/>

By own
By CHI



NON-COMPLIANT WEBSITES

Receipt No : 641915/2017/E-GOVERNANCE

-22/N-

839

FTS No.148995

Integrated Finance Division

Reference note of the Division on pre page.

This is regarding hiring of 10 personnel in connection with implementation of the pilot of 'Integrated Health Information Platform' (IHIP) health information exchange between hospitals and test bed for interoperability through NICS.

2. IFD examined the case vide p.16/n and concurred the proposal of the Division subject to approval of Secretary (H&FW). Approval of Secretary (H&FW) has been obtained vide p.18/n. The total estimated cost for one year was Rs.38,35,740/-.

3. The Division has now obtained Proforma Invoice (PI) from NICS for hiring the above mentioned manpower. NICS has submitted Proforma Invoice based on various empanelment/agreements in NICS/NIC of an amount of Rs.46,99,520/- including 14% service tax and 0.5% Swachh Bharat Cess. The same also contains the terms and conditions. As per terms and conditions, 100% advance of Rs.46,99,520/- is to be made in favour of NICS, New Delhi for placement of work order.

4. The Division has also mentioned that since no fund allocation has been made to eGov Section, earlier it was proposed that the above expenditure be met from grants released to CHI (NIHFW) and the same was concurred by IFD. Now, Rs.12.00 crore has been allocated for Telemedicine and eGov Sections under relevant Budget Head. The Division has, therefore, requested concurrence of IFD for payment to NICS from this Budget Head instead of its earlier concurrence of payment to NICS from grants to CHI (NIHFW).
The proposal has approval of JS (eGov.)

5. IFD may have no objection to the above mentioned proposal.

Submitted please.

(Thomas Mathew)
US (F-V)
10.02.2016

Director (IFD)

11/2

*APR 11**Dir/IFD*

12/2

US (F-V)

12/2

Dir (JA)

Health & F.W.
Office
8995
12-11-16

Receipt No : 641915/2017/E-GOVERNANCE

Ministry of Health
A. S. & F.
PTS
Date

188
12/2
AD(eGov)

338

Receipt No : 641915/2017/E-GOVERNANCE

Sanction letters (in duplicate) along with required documents are placed below.

Admission
2/3/2016

AD (eGov) - on leave

us (eGov)

So (Cash/H) is requested ^{to} do the needful and returned the file removing the bill.

2/3/16

So (Cash/H)

Cash Member Section

BILL N. 2816/CP-90000632/15-16 has been reviewed for payment.

2/3/16

2/3/2016

eGov. Section

Sh. Sanjay
2/3/2016

Receipt No : 641915/2017/E-GOVERNANCE

(336)

The Ministry has approved the manpower (10 nos.) for the purpose of IHIP test bed to be deployed under Centre for Health Informatics, NHP.

The main objective of the IHIP test bed is to establish the interoperability between different Health IT System. The Unique Identification of the Health Facilities is prerequisite requirement for the IHIP test bed, so that the data can be crawled from different hospitals/labs or health facilities. The web software for National Identification Number (NIN) has already been developed by Centre for Health Informatics. However, the matching of health facilities is a challenging task and required dedicated man efforts including IT expertise.

Therefore, the above manpower may be divided into following two groups to carry out each activity simultaneously :

IHIP Test bed :

Project Manager : 1 no.
Sr. Programme level -2 : 1 no.
Programmer : 2 nos.
Programmer Assistant : 3 nos.

NIN :

Sr. Programme level : 1 no.
Programmer : 2 nos.

The payment has already been made to NICSI for providing the above manpower. you are hereby requested to start the process of hiring on top priority basis.

JS(eGov)

18/3/16

STD(NIC)

Please discuss on priority.

- SSA(MS) - for IHIP Discuss

21.3.2016

- SSA(BM) - for NIN Discuss

22.3.16

- SSA(MS) - As per IHIP project requirement, Ministry of Health & Family Welfare has approved 10 nos of manpower for the purpose of IHIP Test bed to be deployed under Centre of Health Informatics (CHI), NHP. Accordingly funds were also transferred to NICSI for issuing the work order. However, only seven (07) manpower have been allocated initially for the project. We have already started the

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(335)

5.	Central TB Division	Directorate General of Health Services	http://www.tbcindia.gov.in	Yes (Made compliant using MoHFW website's template)	
6.	Vardhman Mahavir Medical College & Safdarjung Hospital	Hospital	www.vmmc-sjh.nic.in/	Newly developed GIGW compliant Website is ready. Waiting approval from Hospital	
PARTIAL COMPLIANT WEBSITES					
1.	Central Drugs Standard Control Organization	DGHS	cdsco.nic.in	By own <i>Devanpary</i>	Kavi Shankar 25216167-205
2.	National Health Mission	Department of Health & Family Welfare	http://www.nhm.gov.in/	By CHI	
3.	Medical Stores Organization	DGHS	http://msotran.sparent.nic.in/		Dr. R.V. Agarwal 26101268 msd-mhofw@nic.in

DS-314
msd-mhofwRed Cross Society
[Signature]

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... from NICSE has been sent to DIR (eGov) for signing it. Whereas development work of the same has already been started. This is necessary to mention here that if need arises in future, the remaining three (03) manpower or any additional manpower may be provisioned for the same project. The sitting arrangement and other IT Infrastructure including local travelling may be provided to the manpower by CHI, NHP.

24.3.16

search - 0

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S. No.	Name of Website	Organization	Web Address	GIGW Compliance	WIM Notified
GIGW COMPLIANT WEBSITES					
1.	Ministry of Health & Family Welfare	Department of Health & Family Welfare	http://mohfw.nic.in/ <i>mohfw.gov.in</i>	Yes	Mr. G. Narayan. DIRECTOR (BOP) <i>YLS</i>
2.	National AIDS Control Organization (NACO)	Department of Health & Family Welfare	http://www.naco.gov.in/	Yes (in the New site being launched)	
3.	NOTTO	DGHS	http://notto.nic.in/	Yes	<i>Director, notto, nic.in</i> <i>26164770 - Dr. Sandeep</i> <i>for bio info</i>
4.	Central Health Education Bureau	DGHS	http://cheb.nic.in/	Yes	

Web in

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As mentioned above Centre for Health Informatics (CHI) has developed NIN Software. The Three manpower will be utilized for maintenance/upgradation of Software by CHI/NHP.

The sitting arrangement and other required IT infrastructure including travelling may be provided by CHI, NHP.

Bishu
28/03/2016

~~STD & HD.~~

28/03/2016

~~JS (eGov)~~

11 speak.

28/3

~~JS (eGov)~~

AD (eGov)

29/3

Receipt No : 641915/2017/E-GOVERNANCE

Date: 15-12-2015

Shri. Jitendra Arora,
Director (eGov),
Ministry of Health and Family Welfare (MoHFW)
Government of India (Gol).

Subject: - Nomination as a member for Technical Evaluation Committee (TEC) Meeting for hiring human resources and an agency through NICS.

Dear Sir,

Director, NIHF is pleased to nominate you as a member of the Technical Evaluation Committee for hiring human resources and web development agency through NICS. The DAR&PG vide D.O. letter dated 06.11.2015 has advised to achieve the target of making Government Websites compliant with GIGW and certified by STQC. MoHFW has screened 25 nos. of websites which are under direct control of MoHFW / attached offices and out of these only 6 nos. of websites are found to be GIGW Compliant. MoHFW have engaged Centre for Health Informatics (CHI) for making MoHFW websites compliant with GIGW by 31st December 2015.

As the matter is of urgent nature, you are requested to attend the meeting at 11:30 AM, Board Room, 1st Floor, Administrative Block, NIHF on 17th December 2015.

Kindly give your acceptance by reverting on email.

Regards,

Sarbadhikari

Prof. S.N. Sarbadhikari

Member Secretary,
Technical Evaluation Committee (TEC)
Email: supten@nihfw.org, Ph. 09717669574
Centre for Health Informatics of National Health Portal (CHI of NHP),
National Institute of Health and Family Welfare (NIHF),
Munirka, New Delhi-110067

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Receipt No : 641915/2017/E-GOVERNANCE



Amit Kumar <amitkumariss34@gmail.com>

Technical manpower for NIN web application development

Antika Jain <aantika1@nihfw.org>

Thu, Jul 21, 2016 at 1:54 PM

To: Amit Kumar <amitkumariss34@gmail.com>

----- Forwarded message -----

From: **Ankit Tripathi** <at@nihfw.org>

Date: Thu, Jul 21, 2016 at 12:41 PM

Subject: Re: Technical manpower for NIN web application development

To: Jitendra Arora <dir.ehealth@gmail.com>

Cc: Antika CHI <aantika1@nihfw.org>

Sir,

Kindly see the following issue as it pending from long time.

We have not received any further information from NICSI or NIC.

Best regards,

Ankit Tripathi

From: Jitendra Arora <dir.ehealth@gmail.com>**Sent:** 04 July 2016 12:43**To:** Manoj Saxena**Cc:** ANKIT TRIPATHI; aantika1@nihfw.org**Subject:** Fwd: Technical manpower for NIN web application development

Dear Manoj

PI take immediately and obtain biodata from the firm

Regards

Jitendra Arora

Director(eHealth)

Ministry of Health and Family Welfare

Nirman Bhawan (Room 307D)

New Delhi - 110108.

+91-11-23062317 (Telefax),

+91-9868453680(Mobile)

----- Forwarded message -----

From: **Ankit Tripathi** <at@nihfw.org>

Date: Mon, Jul 4, 2016 at 11:23 AM

Subject: Technical manpower for NIN web application development

To: Jitendra Arora <dir.ehealth@gmail.com>, "Amit Kumar AD, eGov" <amitkumariss34@gmail.com>

Cc: Supten Sir <supten@nihfw.org>, Antika CHI <aantika1@nihfw.org>, Saurabh NHP <saurabh@nhp.gov.in>, "indubharwal89@yahoo.in" <indubharwal89@yahoo.in>

Receipt No : 641915/2017/E-GOVERNANCE

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Dear Sir,

This is in reference to the NIN-to-HFI web application development. The Centre for Health Informatics has been appointed as a nodal agency for implementing the NIN Project.

As discussed earlier also that the CHI has very limited no. of technical manpower for in-house software development.

In this regard, it was decided (With STD, NIC, Sh. Sunil Bhusan) previously that 3 software developer from the IHIP test bed team may be provided to CHI from NICS.

Therefore, I would request you to kindly direct NIC or NICS to provide/ depute the three (3) resources in CHI at the earliest.

Best regards,

Ankit Tripathi

Additional Director

Centre for Health Informatics,

NIHFW, Ministry of Health and Family Welfare, New Delhi

Phone: +91-11-26165959 Ext.- 264, Fax: +91-11-26101623

Mobile: +91-7838363525, Email: ankit.tripathi@gov.in, at@nihfw.org

Receipt No : 641915/2017/E-GOVERNANCE

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File No. Q- 11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(eGov Division)

Room No: 425-C, Nirman Bhawan,
New Delhi-110011,
Date 01.03.2016

To

The Pay & Accounts Officer (Secretariat),
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.

Sub: Hiring of technical manpower through M/S NICSI in connection with implementation of IHIP pilot and test bed for interoperability.

Sir,

I am directed to convey the sanction of the President to the incurring amount of **Rs.46,99,520/-** [(inclusive all Taxes) to be released 100% in advance] for hiring of 10 IT personnel in eGovernance division through NICSI in connection with implementation of IHIP pilot and test bed for interoperability. The sanction of Integrated Finance Division (IFD) is also conveyed for drawal of 100% advance of **Rs.46,99,520/- (Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only)** for first instalment. The details are as under:

Sl. No.	Manpower Description	No. of Persons	Required period (in Months)	Rate per month (Exclusive of S.T.)	Total amount
A	B	C	D	E	D=(CxDxE)
1.	Project Manager Level- 2	1	12 months	1,03,995	12,47,940
2.	Senior programmer level 2	2	12 months	36,976	8,87,424
3.	Programmer	4	12 months	25,422	12,20,256
4.	Programmers assistant	3	12 month	20,799	7,48,764
Total (A)					41,04,384
Service Tax @14% (B)					5,74,613.76
Swachh Bharat Cess @ 0.5% (C)					20521.92
Grand Total (A+B+C)					46,99,520 (rounded off)

2. The expenditure involved is debitable to the Demand No.48- Department of Health & Family Welfare, 2210 Medical and Public Health (Major Head), 06800 other expenditure (Minor Head), 24- New initiative under Central Scheme, 2402- Telemedicine, 240228- Professional services for sanctioned Budget Grant for the financial year 2015-16. Utilization Certificate will be submitted against the fund released.



3. The Pay & Accounts officer in the Ministry of Health and Family Welfare is requested to make payment direct to their bank i.e. Corporation Bank, CGO Complex Branch, Lodhi Road, New Delhi , A/C No. 037100101010516, IFSC code- CORP0000371 of Rs. of Rs.46,99,520/- (Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only) including all taxes. A copy of filled in mandate form provided by the firm is attached.

4. This sanction issues with the concurrence of Integrated Finance Division vide their Dy. No. C-2441 dated 15.02.2016.

Yours Faithfully,



(Soma Sanyal)

Under Secretary to the Government of India

E-mail: soma.sanyal67@nic.in

Tel. No. 23061203

Copy to:

1. Cash (Health)- Nirman Bhawan, New Delhi.
2. The Director of Audit, Central Revenues, IP Estate, New Delhi.
3. U.S. (FW.Budget)
4. M/s NICS (Attention: Shri Vineet Tomar, Deputy General Manager, Hall no. 2& 3, 6th Floor, NBCC Tower, 15 Bhikaji Cama Place, New Delhi-68
5. Sanction Folder.



(Soma Sanyal)

Under Secretary to the Government of India

(326)

Undertaking for Emergency hosting web site on NICNET

Date:

Web site URL:

The clearance for the hosting of the web site mentioned is not given by the Cyber Security division due to the following: **Site is not audited**

We are willing to go ahead with the site hosting. **For any security breach arising, we will take responsibility.**

Hence we request you to give clearance for hosting and open the port no. 80 with internet availability. We undertake to fulfil the audit requirements at the earliest but not later than 1 month.

(Signature with Official Stamp)

Name:

Designation: Joint Secretary

Department: Health and Family Welfare

Organisation: Ministry of Health and
Family Welfare

Telephone:

E-Mail: manoj.jhalani@nic.in



G.A.R. 29

FULLY VOUCHERED CONTINGENT BILL
MINISTRY OF HEALTH & FAMILY WELFARE

E - PAYMENT BILL

DDO CODE : 220867			Bill No : 2816/PS2402/2015-2016			
			Date : 09/03/2016			
Detailed bills of contingent charges of MINISTRY OF HEALTH & FAMILY WELFARE for the month of MARCH,2016						
Short Code	Grant	Functional Head	Obj. Head	Category	Amount	
PS2402	048	2210068002402	28	9	4699520	
TDS (10%)	900	0021001021100	00	1	469952	
Total Number of Sub Vouchers : 1 Payment towards : HIRING OF TECHNICAL MANPOWER THROUGH NCSI FOR IHIP PILOT AND TEST BED						
Vide bill/invoices/receipt/challans etc. as per the details given below :						
SNo	Description of charge and date of authority of all Charges requiring special sanction	Claim Amt (In Rupees)	Taxable Amt (In Rupees)	TDS (In Rupees)	Net Amt (In Rupees)	
1	NATIONAL INFORMATICS CENTRE SERVICES INCORPORATED,	4699520	4699520	469952	4229568	
Voucher/Sub Bill Details						
Party Name	Vch/SubBill No	Date	Bill Amt	Payable Amt		
NATIONAL INFORMATICS CENTRE SERVICES INCORPORATED, NEW DELHI	1	09/03/2016	4699520.00	4229568.00		
Net Amount payable :			Rs. 4229568			
Net amount required for payment (In words)			Rupees Forty Two Lakhs Twenty Nine Thousand Five Hundred Sixty Eight Only.			
SANCTION DETAILS						
Sanction No. : Q.11013/3/2015-eGov			Date : 01/03/2016			
<u>E - Payment Details</u>						
<u>SN</u>	<u>Beneficiary Favouring</u>	<u>Bank Name</u> <u>Br. Name</u>	<u>IFSC Code</u>	<u>AcType</u> <u>Center</u>	<u>A/C No.</u>	<u>Net Pay. Amt.</u>
1	NATIONAL INFORMATICS CENTRE SERVICES INCORPORATED, NEW DELHI	CORPORATION BANK NEW DELHI LODHI COMPLEX	CORP0000371	SB DELHI	037100101010516	4229568

u/l
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Off. Secy to Secy / D.D.O.
Ministry of Health & F.W.
New Delhi

I certify that the expenditure included in this bill could not, with due regard to the interest of the public service, be avoided. I certify that to the best of my knowledge and belief, the payments entered in this bill except items noted below, have been duly made to the parties entitled to receive them and relevant vouchers for sums above Rs.500/- are attached to this bill; credit bills (above Rs.500/-) relating to the said exceptions which exceed the balance of the permanent advance are attached and relevant stamped receipts will be forwarded as soon as the amounts are paid on receipt of the amount drawn on this bill. I have, as far as possible, obtained vouchers for sums less than Rs.500/- which are listed in GAR 28 and am responsible that they have been so defaced or mutilated that they cannot be used again. All work bills are annexed.

I also certify that the amounts on account of pay and allowances of the Class IV Government servants drawn 1 month/2 months/3 months previous to this date with the exceptions of those detailed below of which the total amount has been refunded by deduction from this bill have been disbursed to the Government servants concerned and their receipts taken.

Certified that all the articles detailed in the vouchers attached to the bill and in those retained in my office have been accounted for in the Stock Register.

Certified that the purchases billed for have been received in good order, that their quantities are correct and their quality good and according to specifications, that the rates paid are not in excess of the accepted and the market rates and that suitable notes of payment have been recorded against the indents and invoices concerned to prevent double payments.

Certified that-

(a) The expenditure on conveyance hire included in this bill was actually incurred, was unavoidable and is within the scheduled scale of charges for the conveyance used, and

(b) The Government servant concerned is not entitled to draw travelling allowance under the ordinary rules for the journey, and is not granted any compensatory leave and does not and will not receive any special remuneration for the performance of the duty which necessitated the journey.

Certified that the monetary or quantitative limits prescribed by the Government in respect of items of Contingencies included in the bill have not been exceeded.

Appropriation for the current year	12000000
Expenditure including this Bill	5559860
Amount of work bill annexed	4699520
Balance available	6440140

Received payment

Signature and Designation of
the Drawing Officer

Sr. Accounts Officer/D.D.O.

Ministry of Health & F.W.

Passed for payment of Rs.4229568 (Rupees Forty Two Lakhs Twenty Nine Thousand Five Hundred Sixty Eight Only.)

Payment by
Cheque No.

Pay and Accounts Officer

Cheque Drawing D.D.O.

For use in Pay and Accounts Office

Passed for payment of Rs.4229568 (Rupees Forty Two Lakhs Twenty Nine Thousand Five Hundred Sixty Eight Only.)

Objected to Rs.

Reason of objection.

Jr./Sr. Accountant

Jr.A.O.

Pay and Accounts

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Receipt No : 641915/2017/E-GOVERNANCE

SANCTION ID

Page No: 1 / 1

Controller	017-HEALTH and FAMILY WELFARE	Sanction Type	Expenditure
Plan Scheme	HUMAN RESOURCE IN HEALTH AND MEDICAL EDUCATION		
IFD Number	C-2441	IFD Date	15-02-2016
Sanction No.	Q-11013/3/2015-eGov		
Sanction Date	01-03-2016	Bill No. / Date	CP90000632 / 09-03-2016
PAO	020866-PAO(Sectt.), Ministry of Health & FW, New Delhi		
DDO	220867 - A.O.MINISTRY OF HEALTH & FAMILY WELFARE,DEPARTMENT OF HEALTH.		
Grant	048 - Department of Health and Family Welfare		
Function Head	2210068002402 - TELEMEDICINE		
Object Head	28 - PROFESSIONAL SERVICES		
Category	9 - PLAN VOTED-EXPENDITURE		

SNo	Sancti on SI No	Vendor	Amt
1	9157/E/0/1516/048/12277 28	NICSI District : State : Country : Agency/Vendor Name In Bank : NICSI Inst. Type : RTGS A/C Number : 037100101010516 Bank : CORPORATION BANK, NEW DELHI-LODHI COMPLEX	46,99,520.00
Deductions :			4,69,952.00

TOTAL: 42,29,568.00

Amount in Words : Forty-Two Lakhs Twenty-Nine Thousand Five Hundred Sixty-Eight Rupee(s) Only

Accounts Officer/D.D.O.
Ministry of Health & F.W.
New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

File No. Q- 11013/3/2015-eGov

Government of India

Ministry of Health & Family Welfare
(eGov Division)

322

Room No. 425-C, Nirman Bhawan,
New Delhi-110011,
Date 01.03.2016

To

The Pay & Accounts Officer (Secretariat),
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.**Sub: Hiring of technical manpower through M/S NICSI in connection with implementation of IHIP pilot and test bed for interoperability.**

Sir,

I am directed to convey the sanction of the President to the incurring amount of **Rs.46,99,520/-** [(inclusive all Taxes) to be released 100% in advance] for hiring of 10 IT personnel in eGovernance division through NICSI in connection with implementation of IHIP pilot and test bed for interoperability. The sanction of Integrated Finance Division (IFD) is also conveyed for drawal of 100% advance of **Rs.46,99,520/- (Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only)** for first instalment. The details are as under:

Sl. No.	Manpower Description	No. of Persons	Required period (in Months)	Rate per month (Exclusive of S.T.)	Total amount
A	B	C	D	E	D=(CxDxE)
1.	Project Manager Level- 2	1	12 months	1,03,995	12,47,940
2.	Senior programmer level 2	2	12 months	36,976	8,87,424
3.	Programmer	4	12 months	25,422	12,20,256
4.	Programmers assistant	3	12 month	20,799	7,48,764
Total (A)					41,04,384
Service Tax @14% (B)					5,74,613.76
Swachh Bharat Cess @ 0.5% (C)					20521.92
Grand Total (A+B+C)					46,99,520 (rounded off)

2. The expenditure involved is debitable to the Demand No.48- Department of Health & Family Welfare, 2210 Medical and Public Health (Major Head), 06800 other expenditure (Minor Head), 24- New initiative under Central Scheme, 2402- Telemedicine, 240228- Professional services for sanctioned Budget Grant for the financial year 2015-16. Utilization Certificate will be submitted against the fund released.

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Contd.....

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3. The Pay & Accounts officer in the Ministry of Health and Family Welfare is requested to make payment direct to their bank i.e. Corporation Bank, CGO Complex Branch, Lodhi Road, New Delhi , A/C No. 037100101010516, IFSC code- CORP0000371 of Rs. of **Rs.46,99,520/-** (**Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only**) including all taxes. A copy of filled in mandate form provided by the firm is attached.

4. This sanction issues with the concurrence of Integrated Finance Division vide their Dy. No. C-2441 dated 15.02.2016.

Yours Faithfully,



(Soma Sanyal)

Under Secretary to the Government of India

E-mail: soma.sanyal67@nic.in

Tel. No. 23061203

Copy to:

1. Cash (Health)- Nirman Bhawan, New Delhi.
2. The Director of Audit, Central Revenues, IP Estate, New Delhi.
3. U.S. (FW Budget)
4. M/s NICSI (Attention: Shri Vineet Tomar, Deputy General Manager, Hall no. 2& 3, 6th Floor, NBCC Tower, 15 Bhikaji Cama Place, New Delhi-68
5. Sanction Folder.



(Soma Sanyal)

Under Secretary to the Government of India

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Receipt No : 641915/2017/E-GOVERNANCE

CHECK LIST

1.	Head of Accounts:-	Demand No.48- Department of Health & Family Welfare for the year 2015-16 2210- Medical and Public Health (Major Head); 6800- Other Expenditure (Minor Head); 24 New Initiatives under Central Schemes; 2402- Telemedicine; 240228- Professional Services during 2015-16
2	Budget Estimates 2015-16:-	Rs. 1,20,00,000/-
3	Net amount of the bill: -	Rs. 46,99,520/-
4	Total expenditure from 1 st April till date including this bill:-	Rs. 46,99,520/-
5	Balance left over after the present bill:-	Rs. 73,00,480/-



(सोमा सान्याल/SOMA SANYAL)
अवर सचिव/Under Secretary
स्वास्थ्य एवं परिवार कल्याण विभाग
Ministry of Health & Family Welfare
सारायल/Secy
नई दिल्ली/New Delhi

(319)

REQUISITION FORM FOR THE ELECTRONIC TRANSFER OF FUNDS

(TO BE SUBMITTED IN DUPLICATE)

NAME OF GRANTEE INSTT./ OTHER ORGANISATION:	National Informatics Centre Services Inc., Hall no. 2&3, 6 th Floor, NBCC Tower, 15, Bhikaji Cama Place, New Delhi 110066
NAME OF THE BANK	Corporation Bank
ADDRESS OF THE BANK	CGO complex, Lodhi Road, New Delhi
ACCOUNT NUMBER	037100101010516
RTGS Code of the Bank (Real Time Gross Settlement Code)	CORP0000371
Amount to be transferred	Rs. 4699520 (Forty Six Lakh Ninety Nine Thousand Five Hundred Twenty Only)
 (सिमा सान्याल SIMA SANYAL) ज्येष्ठ सचिव/जी.पी.ओ. महाराष्ट्र स्वास्थ्य एवं परिवार कल्याण विभाग Ministry of Health & F. W. भारत सरकार/Govt. of India नई दिल्ली/New Delhi (Signature of the Grant Sanctioning Authority/ Other competent Authority)	

(FOR THE USE OF PAO(S) ONLY)

NAME OF THE DDO	
BILL NO:	
D.V. NO.:	
Ch. No. & Date	
Cheque Amount	

(SR. ACCOUNTS OFFICER)

PAY & ACCOUNTS OFFICE (SECTT.)

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Sanction Templates

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Masters

My Schemes

Scheme Allocation

Register/ Track Issue

OLD UC

Sanction Details

Controller: 017-HEALTH and FAMILY WELFARE **Sanction Status:** Approved

Sanction Number: Q-11013/3/2015-eGov **Sanction Date:** 01/03/2016

Sanction Type: Expenditure (DDO Bill) **Sanction Amount:** 4699520

IFD Number: C-2441 **IFD Date:** 15/02/2016

Plan Scheme: 9157-HUMAN RESOURCE IN HEALTH AND MEDICAL EDUCATION **PAO:** 020866-PAO(Sectt.), Ministry of Health & FW, New Delhi

DDO: 220867-A.O.MINISTRY OF HEALTH & FAMILY WELFARE,DEPARTMENT OF HEALTH. **Remarks:** approved

Created By: tele **Created On:** 01/03/2016 12:22:59 PM

Modified By: tele **Modified On:** 02/03/2016 11:10:05 AM

Account Details:

Grant	Function Head	Object Head	Category	External PAO	Available Budget
048-Department of Health and Family Welfare	2210068002402-TELEMEDICINE	28-PROFESSIONAL SERVICES	9-PLAN VOTED-EXPENDITURE		5158919

Vendor Details:

Sr.No	Vendor Name	Gross Amount
1	NICSI	4,699,520

Sanction Approved Successfully.

[Edit Sanction](#) [Payee Details](#) [Cancel Sanction](#) [Print Sanction Order](#) [Back](#)

Receipt No : 641915/2017/E-GOVERNANCE

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National Informatics Centre Services Inc.
(A Government of India Enterprise Under NIC)
Ministry of Communications & Information Technology
Hall No. 2 & 3, 6th Floor, NBCC Tower, 15 Bhikaji Cama Place, New Delhi-66
Tele: 011-26105054 Fax: 91-11-26105212 Email: nic-si@nic.in

PROFORMA INVOICE**(Validity :- For a Period of 2 Months from the date of Proforma Invoice)**

Invoice No.:	PMPDL154654	Ref. No.:	61159(MP)
Date:	03/02/2016	Ref. Date:	01/02/2016
To:	Name: Ministry of Health & Family Welfare, Delhi Address: Nirman Bhawan, Delhi, 110003 Contact No.: Email: rastogi.sk@nic.in		

S.No.	Manpower Description	No. of Persons	Required Period (In months/days/hours)	Rate per Month (exclusive of Ser. Tax) (Rs.)	Total Amount (AxBxC)	Empanelled Vendor(s)
		(A)	(B)	(C)	(D)	
1	Senior Programmer Level 2 / Senior Technical Support Engineer / Sr. Testing Engineer / Training Specialist / Document Writer	2	Twelve Month(s)	36,976.00	8,87,424.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
2	Programmers / Technical Support Engineer / Testing Engineer	4	Twelve Month(s)	25,422.00	12,20,256.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
3	Project Manager Level 2	1	Twelve Month(s)	1,03,995.00	12,47,940.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
4	Programmer Assistant	3	Twelve Month(s)	20,799.00	7,48,764.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
Total(Rs.)					41,04,384.00	

(i) Payment can be made through RTGS/NEFT in NICSI's account in ICICI BANK

IFSC Code: ICIC0000104

A/C No.: NICSIPMPDL154654

Branch: ICICI BANK CMS

OR through A/C Payee Demand Draft/ Cheque in favour of NICSIPMPDL154654 Payable at ICICI BANK, New Delhi

OR

(ii) Payment can be made through RTGS/NEFT in NICSI's account in Corporation Bank

IFSC Code: CORP0000371

A/C No.: 037100101010516

Branch: CGO Complex Lodhi Road New Delhi

OR through A/C Payee Demand Draft/ Cheque in favour of 037100101010516 Payable at Corporation Bank, New Delhi

Service Tax Registration No.: AAACN2185JST001

TIN No.: 07750192265

PAN No.: AAACN2185J

(1) Total Amount (D)

41,04,384.00

(2) Service Tax Payable @14.00% on (1)

5,74,613.76

(3) Swachh Bharat Cess @ 0.5%

20,521.92

Gross Amount Payable (1+2+3)

46,99,520.00

Rupees : Forty Six Lakh Ninety Nine Thousand Five Hundred Twenty only

Note: In Case of any query or clarification in the Proforma-Invoice (PI), the concerned Project Manager **Mr. Vineet Tomar** at NICSI-New Delhi shall be contacted. The Contact No. 011-26767300, 011-26105054 and email-id is **vineet.tomar@nic.in**

S.No.	Terms & Conditions
1	The above Prices are inclusive of NICSI's Operating Margin @ 7% (NICSI's Operating Margin slabs are @7% for PI value up to 50 Cr., @5% for PI Value above 50 Cr.)
2	Any modification in the Item description is to be intimated to NICSI and the respective rates may vary depending upon the change/modification request.

Passed for Rs. 46,99,520/-
(Rupees. Forty Six Lakh Ninety Nine Thousand Five Hundred Twenty only)

Sr. Accounts Officer, Min. of Health & F.W.

Verified & passed for payment of Rs. 46,99,520/-
to NICSI.

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3	<p>Procedure for the Selection of Vendor/Agency from the List of NICS I Empanelled vendors/agencies for award/assignment of work:</p> <p>Case-I : (Name of vendor/agency selected directly) In case the client/User-Department clearly and specifically recommends in writing the name of a particular vendor/agency from the list of NICS I Empanelled vendors/agencies, then NICS I may assign the work to that vendor/agency.</p> <p>Case-II : (Name of vendor/agency selected through committee)</p> <ol style="list-style-type: none"> In case the Client/User-Department does not indicate any particular vendor/agency from the list of NICS I empanelled vendors/agencies, the work would be awarded as per the recommendations of a Committee to be set up by the client/user-department. The Committee would be headed by a Chairperson nominated from the client/user-department concerned and would include a representative of NICS I as well. All the empanelled vendors/Agencies would be invited by the Committee to make their presentations regarding the proposed work/project under consideration. The presentations shall be evaluated objectively and on the recommendation of the Committee, the most suitable vendor/agency shall be assigned the work by NICS I. There should be full participation and involvement of the client/User-Department in the process of selection of vendor/agency for award/assignment of work.
4	Appointment letters/experience-certificates will be provided by NICS I empanelled agency/vendor to the deployed support professionals/manpower.
5	Deployment of manpower will be made within 15 days from the date of placement of work-order by NICS I.
6	In case of revision in the rates of any tax, the applicable rate will be the rate in force as governed by Tax-Laws. However the difference if any may be settled at the time of raising the final bill to user-department/client.
7	In case TDS is being deducted, the TDS certificate should be provided along with the covering letter to NICS I indicating the amount of TDS deducted, otherwise the work-order would be issued for the lesser period, i.e equivalent to funds received.
8	In case there is revision of rates during the period of empanelment/contract, revised rates will be applicable. In case there is revision of rates due to expiry of the empanelment, the rates at the time of placing the work-order will be applicable.
9	It will not be possible for NICS I to process the cases of manpower-hiring/extension, which are more than one month old from date of receipt of advance in NICS I.
10	Joining-certificate/Leaving-certificate of the deployed/hired manpower will be issued by the user-department/client to the empanelled agency/vendor for disbursing their salary based on that.
11	Manpower through empanelled agencies/vendors will be provided for a minimum period of 6 months unless it is an extension of existing work-order. There is no employment obligation either on NICS I or its user-departments/clients by the hired/deployed manpower. NICS I does not take any responsibility for job completion by hired/deployed manpower.
12	Medical or any other allowances to the deployed/hired manpower will be borne by the empanelled agency/vendor (applicable in the case of Data-entry-operator manpower).
13	NICS I will send the copy of work-order on behalf of the user/client to the short-listed agency/vendor and for faster deployment of manpower; the vendor's representative may get in touch with the user-department/client.
14	Placement of work-order shall be after receiving 100% Advance Payment from user-department/client through RTGS/NEFT or Demand-Draft/Cheque, as per the details mentioned above. (Charges towards the Demand Draft is to be borne by the user/client).
15	The rates of deployed/hired manpower, which are based on Minimum Wages Act, will be revised according to change in the Minimum Wages Act from time to time.
16	The type of manpower mentioned in the PI may not match exactly as per your request/requirement. Therefore the PI may be examined thoroughly by the User-department/Client before placing the order to NICS I.
17	While placing the order to NICS I, the complete details of the user-department/client (including the location where the manpower is to be deployed) viz, name, address, contact numbers and e-mail address are to be mentioned.
18	User-department/client should send the "Monthly Performance Report" of each individual (deployed/hired manpower) to NICS I empanelled agency/vendor on the last working day of the month through e-mail/post to enable them to release their salary, within 10 days of the receipt of this report. In case report is not provided by 5th of succeeding month, the vendor will process the salary of the hired/deployed manpower in the subsequent next month.
19	User-departments/clients shall not hire any person without any Appointment Letter issued by NICS I empanelled agency/vendor against the work-order of NICS I. User-departments/clients will inform the date-of-joining in each case to NICS I and to the empanelled agency/vendor. In case a deployed/hired manpower leaves in between or does not turn up without any information, NICS I and NICS I empanelled agency/vendor shall be informed for providing the substitute.
20	NICS I issues P.I duration based on complete man month, however in the case of partial calendar month of deployment, Work Order will be issued for the calendar period regulated within the actual amount received against P.I Issued.
E & OE	
For prompt service, you may like to attach the copy of this Proforma-Invoice (PI) along with your Letter/ Purchase-order.	
Date: 03/02/2016	
For National Informatics Centre Services Inc.	
(Authorized Signatory)	
"For any query, please contact NICS I Helpdesk: 011-26105054,26767300, nicsi-pl@nic.in"	

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-22/N-

Integrated Finance Division

FTS No. 148995

Reference note of the Division on pre page.

This is regarding hiring of 10 personnel in connection with implementation of the pilot of 'Integrated Health Information Platform' (IHIP) health information exchange between hospitals and test bed for interoperability through NICSI.

2. IFD examined the case vide p.16/n and concurred the proposal of the Division subject to approval of Secretary (H&FW). Approval of Secretary (H&FW) has been obtained vide p.18/n. The total estimated cost for one year was Rs.38,35,740/-.
3. The Division has now obtained Proforma Invoice (PI) from NICSI for hiring the above mentioned manpower. NICSI has submitted Proforma Invoice based on various empanelment/agreements in NICSI/NIC of an amount of Rs.46,99,520/- including 14% service tax and 0.5% Swachh Bharat Cess. The same also contains the terms and conditions. As per terms and conditions, 100% advance of Rs.46,99,520/- is to be made in favour of NICSI, New Delhi for placement of work order.
4. The Division has also mentioned that since no fund allocation has been made to eGov Section, earlier it was proposed that the above expenditure be met from grants released to CHI (NIHFW) and the same was concurred by IFD. Now, Rs.12.00 crore has been allocated for Telemedicine and eGov Sections under relevant Budget Head. The Division has, therefore, requested concurrence of IFD for payment to NICSI from this Budget Head instead of its earlier concurrence of payment to NICSI from grants to CHI (NIHFW). *The proposal has approval of JS (eGov.)*
5. IFD may have no objection to the above mentioned proposal.

Submitted please.

(Thomas Mathew)
US (F-V)
10.02.2016

Director (IFD)

11/2

ACG PA

Dir / IFD

12/2

US (F-V)

Dir (H&FW)

US F.W.
3998
21/6

Receipt No : 641915/2017/E-GOVERNANCE

(314)

(For eGovernance Division)

Undertaking

It is certified that the amount of this Sanction/ Bill does not exceed 33% of the total Budget allocation during the last quarter and 15 % during the last month of the financial year 2015-16.



(Signature and Stamp)

(सोमा सान्याल/SOMA SANYAL)
उप सचिव/Under Secretary
स्वास्थ्य एवं परिवार कल्याण विभाग
Ministry of Health & F.W.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

(313)

(For eGovernance Division)

Undertaking

This is to certify that reconciliation of budget of this head of Account has been made with PAO till date.



(Signature and Stamp)

(सोम सांन्याल/SOMA SANYAL)
अवर सचिव/Under Secretary
उत्तर प्रदेश वित्त एवं परिवहन विभाग
Ministry of Revenue & F.W.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

Receipt No : 641915/2017/E-GOVERNANCE

Government of India
Ministry of Health & Family Welfare
(eGovernance Division)

Nirman Bhawan, New Delhi.

Dated: 1st September, 2016

To,

Director ,
(Prof. J.K Das)
National Institute of Health and Family Welfare,
Baba Gang Nath Marg, Munirka,
New Delhi-110067

Subject: Approval of scheme for setting up of Integrated Health Information Platform (IHIP)

Sir,

The undersigned is directed to convey the approval of Hon'ble HFM for the scheme of setting up of Integrated Health Information Platform (IHIP) at an estimated cost of Rs 95.2 Crores (approx.) over a period of 5 years excluding the cost for cloud computing and network connectivity resources. The approved cost break up for this initiative is also enclosed.

2. The primary objective of IHIP is integration and interoperability amongst various Health IT systems (both public and private), by establishing a supporting infrastructure for health information data i.e. Health Information Exchange (HIE) network and creation of interoperable Electronic Health Records (EHRs) of the citizens on a pan-India basis.

3. Centre for Health Informatics (CHI) of MoHFW would administer the development and implementation of IHIP. For shortlisting the agency for "Design, Development, Implementation, Integration, Deployment and Maintenance" of the envisaged Integrated Health Information Platform (IHIP) through an open tender process in accordance with the General Financial Rules (GFR). A Technical Evaluation Committee (TEC) would also be constituted for evaluation of bids and the composition of the committee will be conveyed separately.

4. The Expenditure involved design and development of Integrated Health Information Platform (IHIP) would be met from Grant-in-Aid released to CHI, NIHFW from MoHFW for this purpose.

Yours faithfully,



(Jitendra Arora)

Director (eGovernance),

MoHFW

Tel : 23062317

Rs. Crore

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Assumptions:

- (1) Selection of Agency expected to be completed 15.11.16. Design & Development of IHP to be completed by 31.03.17. Pilot in two states & five hospitals by 31.08.17
- (2) Applications could be purchased also as case may be, however for cost estimation man-months efforts & others associated costs have been estimated.
- (3) Given high data privacy & security aspects, license cost (proprietary software) has been taken into consideration.
- (4) Number of States/UT covered - 2 (FY16-17), 5 (FY17-18), 10 (FY18-19), 20 (FY19-20), & 36 (FY20-21)
- (5) Cost estimate is including taxes on services @15% & on licences @19.5%
- (6) Increase assumed at 10% p.a. in manpower cost rate
- (7) Manpower on outsourced basis
- (8) Government Cloud & Connectivity Network assumed to be available free of cost

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[21. Indents, contracts and purchases

- (a) Subject to the provisions of these rules and the provisions of the General Financial Rules, 1963, governing the purchase of stores for the public service, a Department of the Central Government shall have full powers to sanction expenditure for purchases and for execution of contracts, including agreements or contracts for technical collaboration or consultancy services.
- (b) The powers under this rule shall be exercised up to rupees twenty crore for open or limited tender contracts, up to rupees five crore for negotiated or single tender or proprietary contracts and up to rupees two crore for agreements or contracts for technical collaboration and consultancy services by the Secretary of the Department concerned and contracts or purchases, amount of which exceeds these values in the categories stated, shall require the approval of the Minister in-charge of the Department.

Notwithstanding anything contained in sub-rules (a) and (b), in cases where the award of contract or purchase or consultancy is inseparably linked with the project or scheme and forms a part of the proposals for Standing Finance Committee (SFC) or Committee on Non-Plan Expenditure (CNE) or Expenditure Finance Committee (EFC) or Cabinet, the same will be processed as per the financial limits laid down for sanction of such schemes or projects by the Competent Authority.

EXPLANATION.— In this rule, the word “contract” includes miscellaneous contracts, such as handling contracts and leases. Leases for hiring accommodation for office, residential and other purposes shall, however, be regulated under Item 16 of the Annexure to Schedule V. If a contract extends over a period of time, the total value over the entire period of currency shall be taken for the purpose of applying the limit. Further, a limited or open tender which results in only one effective offer shall also be treated as a single tender contract.]

GOVERNMENT OF INDIA'S DECISIONS

(1) Powers of Administrators.— The Administrators of Delhi, Chandigarh, Andaman and Nicobar Islands, Daman and Diu, Pondicherry and

1. Substituted *vide* G.I., M.F., Notification No. 1 (11)/E.II (A)/03, dated the 16th September, 2003.

**Request for
Expression of Interest (REOI)**

For

**“Design, Development, Implementation,
Integration, Deployment and Maintenance of
Integrated Health Information Platform (IHIP)”**



सत्यमेव जयते

**Centre for Health Informatics
National Institute of Health and Family Welfare
Ministry of Health and Family Welfare
Government of India**

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ABBREVIATIONS AND ACRONYMS

API	Application Programming Interface
CGHS	Central Government Health Scheme
CHI	Centre For Health Informatics
CT	Computerized Tomography
DeitY	Department of Electronics and information Technology
DICOM	Digital Imaging and Communications in Medicine
ECG	Electrocardiogram
EHR	Electronic Health Record
REOI	Request for Expression of Interest
EPIC	Electoral Photo Identity Card
FHIR	Fast Healthcare Interoperability Resources
GIGW	Guidelines for Indian Government Websites
GoI	Government of India
GUI	Graphical User Interface
HIE	Healthcare Information Exchange
HIS	Hospital Information System
HL7	Health Level-7
IaaS	Infrastructure-as-a-Service
ICD - 10	International Classification of Diseases, Tenth Edition
ICT	Information and Communication Technology
IDSP	Integrated Disease Surveillance Programme

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IHIP	Integrated Health Information Platform
IT	Information Technology
LOINC	Logical Observation Identifiers Names and Codes
MCIT	Ministry of Communication and IT
MCTS	Mother and Child Tracking System
MDDS	Metadata and Date Standard
MMP	Mission Mode Project
MoHFW	Ministry of Health and Family Welfare
MRI	Magnetic resonance imaging
NDA	Non-Disclosure Agreement
NeGP	National eGovernance Plan
NeHA	National eHealth Authority
NEMA	National Electrical Manufacturers Association
NHP	National Health Portal
NIHFW	National Institute of Health and Family Welfare
NIN	National Identification Number
PACS	Picture Archiving And Communication System
PAN	Permanent Account Number
ROC	Registrar Of Companies
SITC	System Integration Testing & Commissioning
SMS	Short Message Service
SNOMED-CT	Systematized Nomenclature of Medicine -- Clinical Terms
SOA	Service Oriented Architecture

Part I: General Terms

1. GOALS OF THIS REQUEST FOR EXPRESSION OF INTEREST (REOI)

Centre for Health Informatics (CHI), National Institute of Health and Family Welfare (NIHFW) under the Ministry of Health and Family Welfare (MoHFW) intends to invite Expression Of Interest (EOI) from competent and prospective Information Technology (IT) solution providers (hereinafter called "proponent(s)") to indicate their interests in design, development, implementation, integration, deployment and maintenance of The Integrated Health Information Platform (IHIP) greenfield project, a Government of India (GoI) initiative. Please refer Annexure -I for details.

2. REOI ISSUING AUTHORITY

This REOI is issued by the Project Director, CHI, intended to invite interested IT consulting firms (or a consortium of firms) to indicate their interest in providing the requested services. CHI's decision with regard to the short-listing of the proponent(s) through this REOI shall be final. CHI reserves the rights to reject any or all REOI's without assigning any reason.

Project Name	Design, Development, Implementation, Integration, Deployment and Maintenance of Integrated Health Information Platform (IHIP)
Project Initiator Details	
Department	CHI, NIHFW, MoHFW
Contact Person	Prof. Suptendra Nath Sarbadhikari
Contact Details	Project Director, CHI, NIHFW
Phone	011- 26165959
Email	supten@nihfw.org
Contact Person (Alternate)	Sh. Ankit Tripathi
	Additional Director, CHI, NIHFW
Phone	011- 2616 5959 Ext. 264
Email	at@nihfw.org
Contact Details	National Institute of Health and Family Welfare (NIHFW)
	Baba Gang Nath Marg, Munirka,

	New Delhi -110067
	011- 2610 7773
Website	www.nhp.gov.in

3. TENTATIVE CALENDAR OF EVENTS

The following table enlists important milestones and timelines for completion of the activities:

S. No.	Milestone	Date
1	Release of Request for Expression of Interest (REOI)	__/__/2016
2	Last date for submission of written queries as per Form V	__/__/2016
3	Proponents' Meeting	__/__/2016
4	Last date for Submission of REOI Response	__/__/2016
5	Opening of REOI Responses	__/__/2016
6	Declaration of Shortlisted Proponents	__/__/2016

4. AVAILABILITY OF THE REOI DOCUMENT

The REOI document can be downloaded from the Ministry of Health and Family Welfare (MoHFW) website www.mohfw.nic.in given under E-Citizen/Tender tab, National Health Portal (NHP) website www.nhp.gov.in and Central Public Procurement Portal website <https://eprocure.gov.in>. The proponent(s) are expected to examine all the instructions, forms, terms, project requirements and other details in the REOI document. Failure to furnish complete information as mentioned in the REOI documents or submission of the application not substantially responsive to the REOI documents in every respect will be at the proponent's risk and may result in rejection of the REOI.

5. PROPONENTS' MEETING

CHI will host a proponent's meeting in Delhi at the address given under *Contact Details* in *Section 2*. The meeting is tentatively scheduled as per the schedule given in *Section 3*. The representatives of the interested organizations (restricted to two persons) may attend the proponents' meeting at their own cost. The purpose of the meeting is to provide proponent with any clarifications regarding the REOI. It will also provide each proponent with an opportunity to seek clarifications regarding any aspect of the REOI and the IHIP project.

6. PROCESSING FEE

A non-refundable processing fee for Rs. 10,000 (Rupees Ten Thousand only) in the form of a demand draft drawn in favor of the Project Director, CHI, NIIHFW, payable at New Delhi has to be submitted along with the response. REOI received without or with inadequate processing fees shall be liable to get rejected.

7. VENUE AND DEADLINE FOR SUBMISSION OF REOI's

REOI's, in its complete form in all respects as specified in the REOI, must be submitted to the Project Director, CHI, NIIHFW (the address specified under *Contact Details* in *Section 2*). CHI may, in exceptional circumstances and at its discretion, extend the deadline for submission of REOI's by issuing an addendum to be made available on the NHP and MoHFW websites respectively, in which case all rights and obligations of CHI and the proponents previously subject to the original deadline will thereafter be subjected to the deadline as extended.

Part II: Scope of Services

1. BACKGROUND

For effective adoption of ICT in Indian healthcare- aligned with health sector goals under Digital India Programme- need for integration of and interoperability amongst various Health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange has emerged critical. The High Power Steering Committee on eHealth - has decided to establish an 'Integrated Health Information Platform (IHIP)'.

Most of the patient records have a decentralized storage and gets trapped in multiple silos such as primary care, specialist, hospitals, pharmacy, home health care etc. IHIP would work in the direction to enable the electronic health records EHRs of citizens to be made available nationwide with the help of a centralized accessible platform. This would facilitate continuity of care, confidential and secure health data/records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies and medical errors, low data redundancy, big data analytics etc. A framework of unique identification for patients, providers/health facilities and medical procedures would be incorporated so as interoperability (and thence longitudinal medical record) is attained amongst different Health IT systems.

IHIP is proposed to encompass various components like eHealth applications, eHealth data; and eHealth infrastructure. Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course.

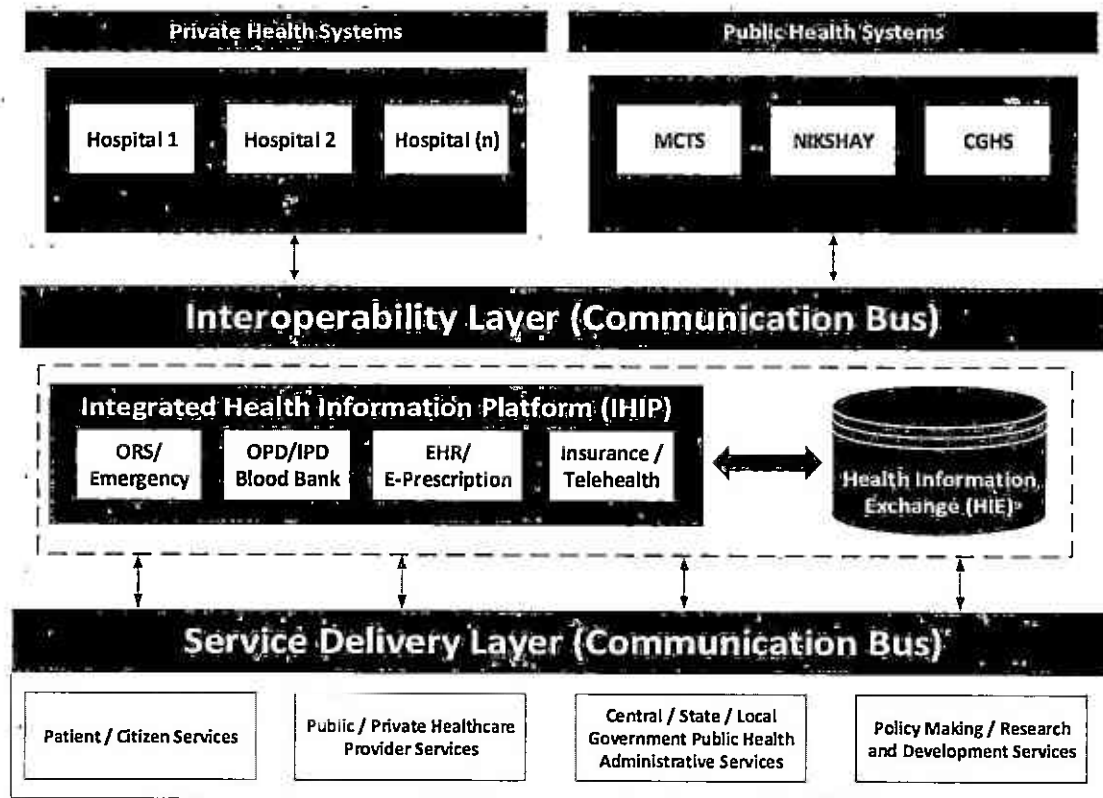
IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data center etc. At backend, Cloud Computing environment would be utilized. However, individual hospitals/healthcare facilities will have to put in the required infrastructure – terminals, peripheral hardware etc. - in their premises in order to access and use IHIP. Tried and tested open source solutions complying with EHR Standards offered by third parties, both public and private IT vendors, would be hosted on IHIP. Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the

Ministry. Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per their need.

IHIP is proposed to be implemented and managed by Centre for Health Informatics (CHI) setup by MoHFW and currently managing the operations of National Health Portal (NHP). It has been already approved to register CHI as a 'Society' under MoHFW. The CHI will have additional roles and responsibilities, apart from IHIP and NHP, under its purview such as secretarial work of the proposed National eHealth Authority (NeHA). The development of the IHIP is envisaged over one year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

Sustainability of IHIP needs to be addressed properly. For ensuring sustainability is attained, IHIP is planned to explore various possible revenue sources including from health information exchange platform like real-time data services to different healthcare providers, asynchronous data analytics /customized reports for health care analytics organizations etc. However, in short-to-medium term it would require funding assistance from the government, till it achieves a critical mass.

The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. Till the time NeHA is set-up, CHI would be acting as the authorizing body for such matters.



CONCEPT DIAGRAM OF IHIP

BROAD SCOPE OF REQUIREMENTS FOR THE PROPOSED SOLUTION

Proponent(s) should provide the solution in agreement with the following features:

2.1 Accessibility

- a) A centralized web-based cloud compliant application with a simple and user friendly graphical user interface (GUI) for easy and fast mode of operation and usability. The application should be accessed by any District/Taluka/General Hospitals (both public and private), health professionals and citizens via laptop, desktop, mobile applications on wired or wireless connectivity.

***Note:** A comprehensive solution document consisting of the technical architecture solution for handling the offline connectivity scenario, data handling capabilities/data sizing should be corresponded. Offline mode of operation need to be proposed by the selected proponent.*

- b) The IHIP framework with the following HIS functional modules (the list is non-exhaustive):

1. Admit Discharge and Transfer (ADT) Module
2. Appointment and Queue Management Module
3. Out Patient Department (OPD) Module
4. In Patient Department (IPD) Module
5. Emergency Module
6. Referral Module
7. Laboratory Information System (LIS) Module
8. Radiology Information System (RIS) Module
9. Electronic Health Record Module
10. E-Prescription Module
11. Drug Supply Chain Management Module
12. Bed Availability Module
13. Blood Bank Module
14. Billing Module
15. Insurance Module
16. Telehealth Module

17. Alert/Notification Module
18. Feedback, Grievance and Appeal Module
19. Analytics and Reporting Dashboards Module
20. Economic Weaker Section (EWS) Module
21. External Application Module (wearable device and mobile application interface)
22. Other relevant module for interoperability of patient's health information

Note: *The selected proponent would be expected to include additional clinical/non-clinical modules (if required). The list of modules (as mentioned above) would be finalized in the RFP document.*

- c) Generation of a universal healthcare identifier (UHID), primarily linked with the ADHAAR number and personal mobile number. Additionally, other GoI issued identification numbers should also be linked such as EPIC / Voter ID, Driving License, PAN, Passport, Ration Card etc. for unique identification of the citizen along with de-duplication of the assigned UHID to identify duplicate records for the same patient. The UHID number should also have an option of linkage with alternate ID's issued from various health facilities along with National Identification Number (NIN) provided for Health facilities (both public and private) of India. *Unique identification number for providers to be considered as part of future requirement as per notified by CHI accordingly.*
- d) Online account access via citizen portal hosted on NHP as part of IHIP application, for every citizen through which the past medical history/health record could be viewed, edited and uploaded by the citizens themselves in order to create and maintain the EHR. Additionally, the portal should be capable of capturing patient/citizen's health data from various wearable devices and mobile application(s).
- e) Generation of analytics dashboards and reports via intelligent analytics tools for predictive analytics by anonymizing health information data. The anonymized health data would be directed towards specified research purposes for monitoring and evaluations across the connected Health IT systems in order to facilitate effective policy-making decisions for public health at national level.

Note: *Users would not be allowed to perform Delete operations across the IHIP application. However, archival of the data would be permissible.*

2.2 Interoperability

- a) Platform architecture should be open, flexible and dynamic in nature with easy application programming interface (API) communication with other health information sources including HIS of various hospitals, laboratories, physician clinics, Emergency Ambulance services, AYUSH, MCTS, NIKSHAY-TB, IDSP, CGHS, and other third party EHR application(s) permitted to be hosted on IHIP only after due process of evaluation and approval of CHI or MoHFW.

Note: The selected proponent would be expected to understand and identify the interface requirements including an API toolkit for integration between the existing as well as proposed solution.

- b) Generation of standards compliant Electronic Health Record (EHR) for every citizen. The application should be capable of real-time collection and aggregation of patient specific clinical data trapped in multiple silos from various sources including EMR modules of HIS systems at hospitals, individual physicians and other health professionals in order to improve quality of care by reducing duplication and manual transmission of data across different stakeholders/providers/hospitals.
- c) A centralized storage layer of Health Information Exchange (HIE) for storing the heavy image data records (like X rays, CT scan, MRI, ECG, and Angioplasty) and consequently generating a link/metadata of the image data records for the health institutions in order to access these records. The health institutions may have local storage of such data for a given period of time in addition to the centralized HIE storage of the heavy image data records. In cases of patients getting referred to another hospital, the data captured from the hospital referred would be available in HIE storage layer.
- d) Generation of timely alerts and notifications via Emails, Voice and SMS to all stakeholders. SMS Gateway should support both "Push and Pull" services.
- e) Enterprise class master data management software, which will help to create a unique/ true copy of data removing all de-duplication of patient specific clinical / non-clinical health data from the database in order to enable ease of data warehousing and data management.

2.3 Scalability

The development of the IHIP is envisaged over one-year timeframe along with concurrent adoption in a limited set of locations in the time period of next 12 months. The IHIP application would by then be demonstrably ready for implementation at pilot locations defined by CHI. The system architecture should be capable for large scale adoption and an optimal approach for progressive nationwide roll-out.

Note: *The design of the application should allow easy addition of new functionality or features with minimal changes to the existing application.*

2.4 Security

Site-to-Site virtual private network (VPN) access to perform the services stated in this REOI, the selected proponent would agree to ensure that the solutions developed on top of these services would be able to preserve an adequate level of data privacy, cloud portability, and secure interoperability of data, when stored or retrieved or transmitted across the Health IT systems.

2.5 Audit Log

Maintaining and recording of audit trail which would be a detailed record showing all the user-defined events of the application and the transactions / operations performed by the concerned user during a given period of time. Audit log must display the following details, but not limited to, with filter /sorting criteria options:

- ☐ Patient ID and User Name
- ☐ Module – Sub Module – Screen – Section – Field Name
- ☐ Date and Timestamp
- ☐ Updated Value
- ☐ Activity Performed

Note: *The audit log would be updated as per the mandated rule/law by GoI at any time.*

2.6 Response Center

A 24x7 support center for feedbacks, grievances (for both patients and users), technical or operational support. The response center would serve as a single point of contact for all ICT related incidents, service requests, feedbacks as well as suggestions. A ticket number would be issued against the logged complaint, incident, and grievances with the appropriate severity level and timely escalations to the concerned stakeholders. The bidder should propose an integrated CRM system to handle case management and also provide help to users using innovative technologies like chat, co-browse functionalities.

2.7 Standardization

a) The IHIP application would be in compliance with the following EHR Standards for India for interoperability of data among health care providers. Few of them are mention below (the list is non-exhaustive):

- i. Medical Image and Scanned Records Standards Compliance: NEMA DICOM PS3.0, PACS and Documentary data (scan for prescriptions, summaries etc.)
- ii. HL 7 Compliance: To be used for exchange and seamless handling of inbound and outbound HL7 messages from any system that has similar capabilities; v2.x (V2) or v3.x (V3) or above. The proposed IHIP application would be adaptable for intermediate implementation of HL7 FHIR whenever required.
- iii. Laboratory observations Standards Compliance: LOINC coding standards
- iv. WHO-FIC Standards Compliance: The WHO Family of International Classification (WHO-FIC) standards primarily used for aggregated information and statistical/epidemiological analysis reporting, for regulatory purposes as mandated by the health regulatory, intelligence, and various research bodies.
- v. Clinical Healthcare Terminology Standards Compliance: SNOMED-CT coding is used to capture problem list, allergies, diagnosis, procedures etc. primarily used for clinical analytics and clinical decision support systems.
- vi. WHO International Terminologies on Traditional Medicine Standards Compliance: For Ayurveda, Yoga, Unani, Siddha, Homeopathy systems of medicine (whenever notified).

Note: Apart from above, the selected proponent needs to follow all the international and national industry standards.

- b) The proposed IHIP application would be based on the standards for Patient Identification such as MDDS for demographics, MDDS for health domain (whenever notified); Open Source solutions such as Open API, openEHR, Open Standards policy; Guidelines for Indian Government Websites (GIGW); and other relevant e-governance guidelines as per the norms suggested by DeitY, MCIT, Government of India.

Part III: Terms of Reference (ToR) **and Pre-Qualification Criteria**

1. TERMS AND CONDITIONS UNDER WHICH THIS REOI IS ISSUED

- a) This REOI is not an offer and is issued with no commitment. CHI reserves the right to withdraw the REOI and change or vary any part thereof at any stage. CHI also reserves the right to disqualify any proponent, should it be so necessary at any stage.
- b) CHI reserves the right to withdraw this REOI if CHI determines that such action is in the best interest of the GoI.
- c) Timing and sequence of events resulting from this REOI shall ultimately be determined by CHI.
- d) No oral conversations or agreements with any official, agent, or employee of CHI shall affect or modify any terms of this REOI and any alleged oral agreement or arrangement made by a proponent with any department, agency, official or employee of CHI shall be superseded by the definitive agreement that results from this REOI process. Oral communications by CHI to proponents shall not be considered binding on CHI, nor shall any written materials provided by any person other than CHI.
- e) Neither the proponent nor any of the proponent's representatives shall have any claims whatsoever against CHI or any of their respective officials, agents, or employees arising out of, or relating to this REOI or these procedures.
- f) Proponents who are found to canvass, influence or attempt to influence in any manner the qualification or selection process, including without limitation, by offering bribes or other illegal gratification, shall be disqualified from the process at any stage.
- g) Each applicant shall submit only one Pre-qualification requirement.

2. RIGHTS TO THE CONTENT OF THE REOI

For all the REOI's received before the last date and time of submission, the REOI's and accompanying documentation of the Pre-Qualification will become the property of CHI and will not be returned after opening of the document. CHI is not restricted in its rights to use or disclose any or all of the information contained in the REOI and can do so without compensation to the proponents. CHI shall not be bound by any language in the REOI indicating the confidentiality of the REOI or any other restriction on its use or disclosure.

3. ACKNOWLEDGEMENT OF UNDERSTANDING OF TERMS

By submitting an REOI, each proponent shall be deemed to acknowledge that it has carefully read all sections of this REOI, including all forms, schedules and forms hereto, and has fully informed itself as to all existing conditions and limitations.

4. EVALUATION OF PRE QUALIFICATION OF REOI

The proponents' Pre-Qualification in the REOI document will be evaluated as per the requirements specified in the REOI and adopting the pre-qualification criteria spelt out in this REOI. The proponents are required to submit all required documentation in support of the pre-qualification criteria specified (e.g. detailed project citations and completion certificates, client contact information for verification, profiles of project resources and all others) as required for evaluation.

5. LANGUAGE OF REOI

The REOI and all correspondence and documents shall be written in English.

6. PRE-QUALIFICATION CRITERIA

The proponent should be competent enough to be able to develop, manage and operate IHIP at State Level, Regional Level and Central Level HUBs of health facilities/centers by deploying appropriate technical manpower as per expected services.

- Proponent should have the experience in implementing integrated health information application software conforming to National level interoperability and open standards. In case the proponent offers off the shelf product, the proponent has to customize the software as per the need of CHI to ensure interoperability at National level.

Proponent may compete as a single entity or in a consortium. However consortium should not include more than 3 members.

The selected proponent will be responsible to set up the integrated health information application infrastructure as per broader architecture and scope indicated in the REOI.

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S. No	Criteria Required	Document
1	<p>The Company(s) / Lead Proponent should be an entity registered in India under the Company Act, 1956 (or) a firm registered under the Limited Liability Partnership Act, 2008 (or) a firm registered under the Partnership Act, 1932 for last 5 years as on 31st March, 2016, and must have a registered office in India which should be in operation as on 31st March, 2016</p> <p>In case of a consortium, the Lead Proponent would need to submit an agreement with the other members of consortium for the contract clearly indicating the division of work and their relationship.</p>	<p>Certificates of Incorporation Consortium Agreement</p>
2	<p>The Company(s) / Lead Proponent of consortium must have a proven capability in setting up, implementation and maintenance of "Live" HIE systems/ healthcare solutions in large hospital chains or a network of health facilities with 100,000 users in the last 5 years (as on 31st March, 2016).</p>	<p>Satisfactory Completion of Works Certificates from the client(s) confirming the year of work, scope of work and work order details; OR Work Order + Phase Completion Certificate from the client(s) for the ongoing "Live" projects with the scope of work</p>
3	<p>The Company(s) / Lead Proponent of consortium should have Positive Net Worth as on 31st March 2016</p>	<p>Audited and Certified Balance Sheet of last 3 Financial Years (2013-14; 2014 – 15; 2015 – 16) OR Certificate from Chartered Accountant and Authorized Signatory</p>

4	<p>Cumulative turnover of the Company(s) / Lead Proponent during the last three financial years 2013-14, 2014-15, 2015-16 from below mentioned Health-IT businesses:</p> <p><input type="checkbox"/> Health Information Exchange System</p> <p><input type="checkbox"/> Hospital Management Information System</p> <p><input type="checkbox"/> IT enabled systems covering data integration, data warehousing and data management.</p> <p>In case of calendar year 3 years up to December 2015 would be taken in to account (as per the last published Income Statement), should be at least Rs. 200 crore. (with an average annual turnover of Rs 70 Crore)</p>	<p>Certificate from statutory auditor appointed by the company (for last five years as on March 31, 2016)</p>
5	<p>The Company(s) / Partners of consortium should have a valid Service Tax Registration and Income Tax returns and PAN card</p>	<p><input type="checkbox"/> Copy of Service Tax Registration</p> <p><input type="checkbox"/> Income Tax returns for last 5 financial years (till 2015-16)</p> <p><input type="checkbox"/> Audit report from CA for last 5 financial years (till 2015-16)</p> <p><input type="checkbox"/> Copy of PAN card</p>
6	<p>The Company(s) / Partners of consortium should not be under a declaration of ineligibility for corrupt and fraudulent practices issued by any of the Central or State Government Ministries / Departments, and should not have violated / infringed upon any Indian or foreign trademark, patent, registered design or other intellectual property rights</p>	<p>Undertaking (Self Certification) on company letter head certified by authorized signatory.</p>
7	<p>The Company(s) / Partners of consortium should be a CMMI Level 5 certified.</p>	<p>Copy of the certificate from authorized certifying agency. The certificate should be valid as on 31st March 2016.</p>

7. RESPONSE REQUIREMENTS

1. The Response to the Pre-Qualification Requirements shall be prepared in accordance with the requirements specified in this REOI and in the format prescribed in this document for each of the above mentioned qualifying criteria as proof of having the minimum requirements. REOI's must be direct, concise, and complete. All information not directly relevant to this REOI should be omitted.
2. The Pre-Qualification REOI shall be sealed and super scribed "Response to Pre-Qualification Requirements – Design, Development and Maintenance of IHIP Project" on the top right hand corner and addressed to CHI at the address specified in this document.
3. The pre-qualification REOI should be submitted with two printed copies of the entire REOI, one marked ORIGINAL and the second one as DUPLICATE and a soft copy on non-rewriteable compact discs (CDs) with all the contents of the prequalification REOI. The words "Response to Pre-Qualification Requirements – Design, Development and Maintenance of IHIP Project" shall be written in indelible ink on the CD. The Hard Copy shall be signed by the authorized signatory on all the pages before being put along with the CD in the envelope and sealed.
4. In case of discrepancies between the information in the printed version and the contents of the CDs, the printed version of the pre-qualification REOI will prevail and will be considered as the REOI for the purpose of evaluation.
5. The EOI should contain the copies of references and other documents as specified in the REOI. A technical write-up or proof of concept should be included in the envelop.
6. A board resolution authorizing the signatory of REOI to sign as a binding document and also to execute all relevant agreements forming part of REOI on behalf of the REOI.
7. CHI will not accept delivery of REOI in any manner other than that specified in this REOI. REOI delivered in any other manner shall be treated as defective, invalid and rejected.

8. PRE-QUALIFICATION REQUIREMENTS

The Pre-Qualification REOI should be submitted in the sealed envelope with the following details. Proponents are requested to submit their responses for the Pre- Qualification Requirements in 3 parts, clearly labelled according to the following categories:

1. Part I – Covering Letter, Processing Fee, and Board Resolution/Power of Attorney

- a) Covering Letter from the Proponent as per the format provided in Form I
- b) A board resolution authorizing the signatory of REOI to sign as a binding document and also to execute all relevant agreements forming part of REOI on behalf of the REOI.

2. Part II – Details of the Organization

- a) This part must include a general background of the respondent organization along with other details of the organization as per the format provided in the REOI (Form II). Enclose the mandatory supporting documents listed in format.
- b) The proponent must also provide the financial details of the organization as per format provided in the REOI (Form III). Enclose the mandatory supporting documents listed in format.

3. Part III – Relevant Project Experience for IT Enabled Healthcare Projects

Respondents must provide details (client organization, nature / scope of the project, project value) of IT enabled healthcare project experience related to HIE systems, HIS systems, systems as per the format provided in the REOI (Form IV). The projects mentioned here should match with the projects quoted by the respondent in order to satisfy the qualification requirements. Enclose the mandatory supporting documents listed in format.

Part IV: Response Formats

FORM I: COVERING LETTER

[On Company Letterhead]

[Location, Date]

To:

The Project Director
National Institute of Health and Family Welfare
Baba Gang Nath Marg,
Munirka
New Delhi 110067

Subject: Expression of Interest for the Integrated Health Information Platform (IHIP).

Dear Sir,

We, the undersigned, offer to provide the Design, Development, Implementation, Integration, Deployment and Maintenance of "Integrated Health Information Platform (IHIP)" in accordance with your Request for Expression of Interest dated [__/__/2016] and our response.

4. Primary and Secondary contacts for our company are:

	Primary Contact	Secondary Contact
Name:		
Title:		
Company Name:		
Address		
Phone:		
Mobile:		
Fax:		

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5. We are hereby submitting our Expression of Interest (EOI) in both printed format and as a soft copy in a CD. We understand you are not bound to accept any EOI you receive.
6. We confirm that the information contained in this response or any part thereof, including its exhibits, and other documents and instruments delivered or to be delivered to CHI is true, accurate, verifiable and complete. This response includes all information necessary to ensure that the statements therein do not in whole or in part mislead the department in its short-listing process.

7. We fully understand and agree to comply that on verification, if any of the information provided here is found to be misleading the short-listing process or unduly favours our company in the short-listing process, we are liable to be dismissed from the selection process or termination of the contract during the project, if selected to do so, for undertaking the work to design, develop, implement, and system integration testing and commissioning (SITC), operations and maintenance for the nation level rollout of the IHIP Project.

8. We agree to abide by the conditions set forth in this REOI.

9. It is hereby confirmed that

I/We are entitled to act on behalf of our corporation/company/ firm/organization and empowered to sign this document as well as such other documents, which may be required in this connection.

Dated this, Day of, 2016

(Signature) (In the capacity of)

Duly authorized to sign the REOI Response for and on behalf of: Sincerely,

[Name]

[Title Signature Date]

(Name and Address of Company) Seal/Stamp of the Company(s) / Lead Proponent

CERTIFICATE AS TO AUTHORISED SIGNATORIES

I,, certify that I am
of.....,and
that..... who has signed the above
response is authorized to bind the corporation by authority of its governing body.

[Date]

(Name and Address of Company) Seal/Stamp of the Company(s) / Lead Proponent

FORM II: GENERAL DETAILS OF THE ORGANISATION

Details of the Organization	
Name of organization	
Nature of the legal status in India	
Legal status reference details	
Nature of business in India	
Date of Incorporation	
Date of Commencement of Business	
Address of the Headquarters	
Address of the Registered Office in India	
Other Relevant Information	
<p><u>Mandatory Supporting Documents:</u></p> <p>Certificate of Incorporation from Registrar Of Companies (ROC)</p> <p>a) A certificate from the Chartered Account must be attached as a proof of cumulative turnover of Rs.200 Crores.</p> <p>b) Undertaking (Self Certification) that the Company(s) / Partners of consortium has never been engaged themselves in any corrupt and fraudulent practices and has never been blacklisted by any Central /State Government Departments.</p> <p>c) Company(s) / Partners of consortium should not have violated / infringed upon any Indian or foreign trademark, patent, registered design or other intellectual property rights. A self-certificate should be provided by the proponent.</p>	

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FORM III: FINANCIAL DETAILS OF THE ORGANIZATION

Financial Information			
	FY 2013-14	FY 2014-15	FY 2015-16
Revenue (in INR crores)			
Profit Before Tax (in INR crores)			
Health IT <input type="checkbox"/> Health Information Exchange System <input type="checkbox"/> Hospital Management Information System <input type="checkbox"/> IT Enabled System covering data integration, data warehousing			
Other Relevant Information			
<u>Mandatory Supporting Documents:</u> Audited and Certified Balance Sheet of last 3 Financial Years (2013-14; 2014 – 15; 2015 – 16) must be attached. The Net worth of the company should be positive as on 31/03/2016.			

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FORM IV: PROJECT EXPERIENCE

Project Experience	
General Information	
Name of the project	
Client for which the project was executed	
Name and contact details of the client	
Current Status	
Project Details	
Description of the project	
Geographical Scope	
Outcomes of the Project	
Applications	
Technologies Used	
Infrastructure	
Operations and Services	
Number of Locations / Sites	
Other Details	
Duration of Implementation (post selection)	
Total Duration of the project (no. of months, start date, completion date)	
Total cost of the project	
Total cost of the services provided by the Proponent	
Other Relevant Information	
<p><u>Mandatory Supporting Documents:</u></p> <ul style="list-style-type: none"> a. Work Orders / Client Certificate confirming year and area of activity should be attached. b. The Company(s) / Lead Proponent shall produce the "satisfactory completion of works certificate" in reference to the clients they have worked for. c. Complete details of the scope of the project should be provided to indicate the relevance to the prequalification criterion (which is part of minimum qualification criteria). 	

FORM V: QUERY FORM

S. No.	Category/Section of REOI	Clarifications Requested	Remarks

Annexure – I**Integrated Health Information Platform (IHIP)****Introduction**

This Concept Note outlines objectives, components along with high level architecture, business model, implementation framework, cost elements and estimate etc. for the proposed Integrated Health Information Platform (IHIP). It has been prepared based on DPR of Health MMP, discussions held in meeting of Steering Committee on eHealth, deliberations held with MoHFW's officials/ DeitY/Experts/ Solution Vendors etc., and review of select relevant documents available through desk research.

Background

During the last two years, a detailed exercise had been undertaken for scoping and preparation of project report for comprehensive adoption of ICT in Indian healthcare under Health Mission Mode Project (MMP)-aligned with Digital India Programme and E-Kranti (NeGP 2.0). It emphasized primarily upon the need for integration of and interoperability amongst various Health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange.

Creation of EHRs of citizens and establishment of supporting infrastructure/ mechanism for exchange of health records emerges as one of the key focus areas under the plan for comprehensive use of ICT in healthcare. Accordingly, in the meeting of Steering Committee on eHealth held on 27th July, 2015, it was deliberated and decided to establish an 'Integrated Health Information Platform' primarily focusing on interoperable EHRs and subsequently to encompass other key components of eHealth, as feasible, like Drug Supply Chain Management, Citizen Portal etc., as underlined in Health MMP DPR.

Issues to be addressed

It has been observed those healthcare organizations are mostly operating in data-rich but information-poor environment. Patient health data is being gathered / stored - distributed over a number of locations and via a number of IT solutions - which is generally inaccessible, improperly formatted/not standardized and hence not interoperable. System interoperability along with supportive IT frameworks and optimal information exchange to support better healthcare services and thus outcomes is the key requirement in the prevailing scenario. Also need is there for transforming data into information and evidence, which could help in decision support systems (DSSs).

Multiple data sources need to be integrated in meaningful ways to improve services in relation to access, quality, user satisfaction and efficiency. With information sharing, volumes of independent sets of data across multiple systems can be brought together in integrated, relevant and useful summary views. Integrated data can be de-identified and aggregated in such a way to enable policy-making decisions at public health level. The current focus is more on "pushing" vs "pulling" data, which often leads to ineffective data sharing and impedes care quality and efficiency impacting outcomes.

Key issues need to be addressed
Fragmented information streams/systems
Quality of data
Large volume of data collected
Duplication of data collection – <i>Data Redundancy</i>
Sub-optimal resource utilisation due to duplicate information systems
Lack of interoperability and accessibility of information
Lack of unique identifiers for patients, providers and health facilities
'Push' vs. 'Pull' model of data sharing
No common EHR system

It is essential that information can be accessed from anywhere in the health system to facilitate seamless communication in between different stakeholders like patient-to-provider, provider-to-provider, provider-to-health managers/government agencies, government/provider-to-academia etc. Data should only be recorded once, at its source (single instance capture), the

systems need to be sustainable, data must be standardized and understandable and the system needs to be available locally

Objectives of IHIP and Outcome envisaged

The overall and ultimate purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilization of resources, availability of information/data – in secure manner and on real time

The specific objectives envisaged to be achieved through IHIP include:

- To leverage information and communication technologies (ICTs), aligned with health care goals under Digital India Programme and E-Kranti, meeting the requirements of different stake-holder groups- citizens, providers, policy makers and program managers
- To set-up a health information technology platform hosted on Cloud which has integrated and inter-operable standards compliant and open source healthcare management applications along with infrastructure/services for health information highway
- To enable real time collection and aggregation of data in an efficient and effective manner and to facilitate exchange of data across systems and stake-holders by establishing a framework for unique identification for patients, providers/health facilities and medical procedures.
- To facilitate improvement in quality/continuity and affordability of care through interoperable EHRs and better utilization of resources
- To enable effective and efficient management of population health through real time aggregated data

The key outcomes/benefits envisaged from IHIP for different stake-holder groups include:

Stakeholder group	Outcome/ benefits
Citizen / Patient	<ul style="list-style-type: none"> • Continuity of care • Confidential and secure health data/records management • Better affordability-by avoiding redundant examination/ tests/procedures
Healthcare Providers	<ul style="list-style-type: none"> • Availability of real time and standardised data/information • Optimal information exchange to support better health outcome • Better decision support system • Fewer redundancies and medical errors
Payers	<ul style="list-style-type: none"> • Better and smoother management of billing and claims processes • Enhanced precision and speed of coverage payments to healthcare service • Better analysis of cost-effectiveness of coverage policies • Business intelligence and more sophisticated data analysis towards better coverage policies planning etc.
Government/ Health Managers	<ul style="list-style-type: none"> • Reduced duplication of data (single instance capture) - low data redundancy • Less fragmentation and more standardisation health information systems • Strengthening of evidence base for effective policies • Big data analytics – Dashboards for Monitoring and Evaluations facilitating effective decision making

Components and Architecture

The various design aspects – in line with the prevailing challenges - considered while conceptualizing IHIP include the following:

Integration of multiple systems – primarily patient centric- working in silos
Data capturing at source in digital format
Sharing and aggregation of quality data with minimum latency across applications and stakeholders
Availability of uniquely identifiable, easily traceable and verifiable data/records in the system
Access to quality data to health managers, policy makers etc. capturing various parameters linked with determinants of health for effective and efficient healthcare delivery

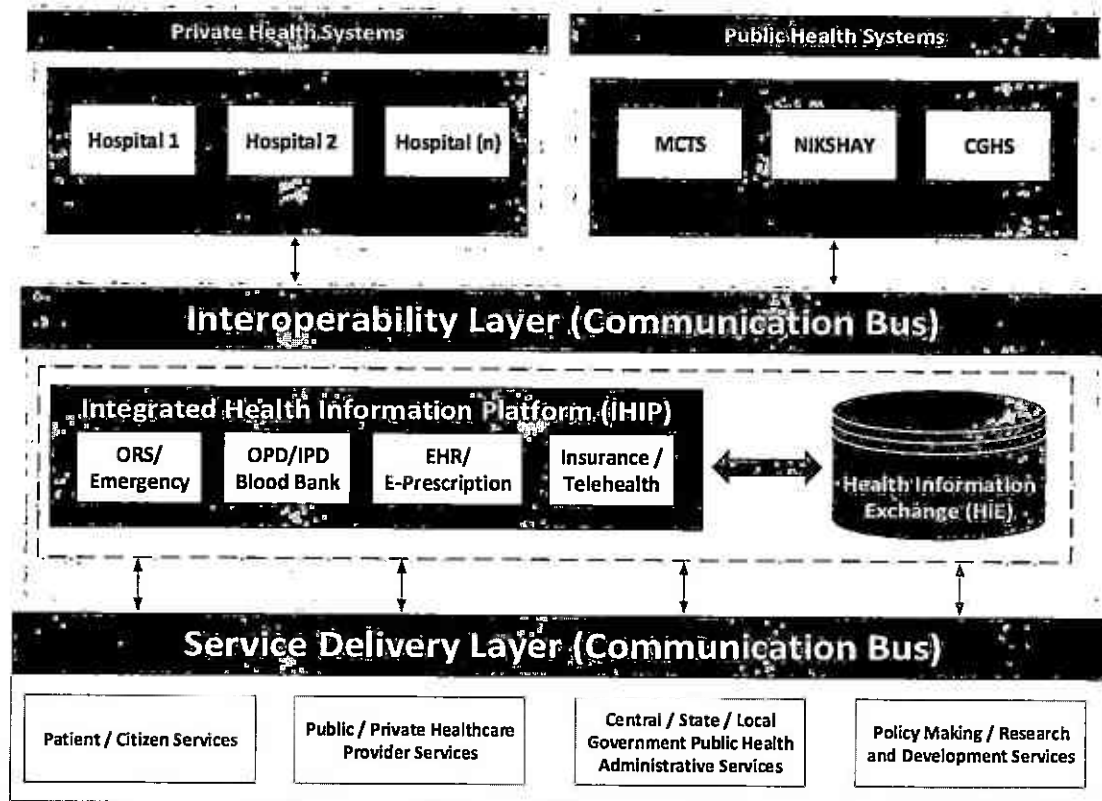
In line with the envisaged objectives, IHIP is proposed to encompass various components grouped as **eHealth applications** - describing tools and systems that will be used by users to interact with the system or for data processing; **eHealth data** - describing major data items and data that will be shared between components; and **eHealth infrastructure**: describing computing infrastructure required to support eHealth solutions.

Category	Brief
eHealth applications	
Application / Solution	<ul style="list-style-type: none"> • To meet various requirements related to creation of EHR through 'suite for digital health records creation and management' consisting of¹: <ul style="list-style-type: none"> ○ Hospital information management/ Clinical administration/Electronic medical records ○ Remote patient monitoring – through internet-of-things; wearable devices, M2M technologies etc. ○ Telehealth

¹ Given on illustrative basis; suite may include all or some

Category	Brief
	<ul style="list-style-type: none"> ○ E-commerce- billing, payment, insurance claims etc. ○ Patient communications – SMS, emails, voice ○ Business intelligence and Analytics ○ Etc. <p>•Also to include Public Health Applications/Systems having interface with patient/citizen health records –those related to disease control/immunisation like Mother and Child Tracking System , TB Control Pogramme etc.</p>
Information Exchange	<ul style="list-style-type: none"> •To facilitate exchange of information between different EMR systems •To connect to a database in which the medical records of the patients are collected from multiple providers and consolidated together •Exchange between patients, healthcare providers, payers, medical data providers
eHealth infrastructure	
Hosting environment and Database management	<ul style="list-style-type: none"> •Hosting of servers -application, database- on 'Cloud' •User of IHIP doesn't need to own servers/ storage/database
Standards	<ul style="list-style-type: none"> •Compliance of applications to EHR Standards, Open Source Software Policy, Open API Policy, other relevant eGovernance Standards
Privacy and Security	<ul style="list-style-type: none"> •Patient consent/ permissions •Disclosure management
eHealth data	
Registry / Identifiers	<ul style="list-style-type: none"> •Unique identifiers for patients, providers, health facilities
Repositories	<ul style="list-style-type: none"> •Health records

An architecture representing the fundamental organization of IHIP's components, their logical relation to each other/other systems and their inter-dependencies has been outlined and presented as below. These components need to interact amongst themselves according to a certain plan or design.



CONCEPT DIAGRAM OF IHIP

Annexure – II**National Identification Number (NIN)****Overview**

In view of the key challenge highlighted in Health MMP DPR that health information and patient records with different Health IT systems remain trapped in silos (having virtually no inter-operability) in absence of a common identifier in the different databases, detailed discussions were held with different divisions, states and NIC. After detailed discussions and consultation, it has been decided to generate and assign unique number i.e. National Identification Number (NIN) to each of the health facilities (both public and private) in order to facilitate interoperability and information exchange between different IT systems. It is also critical for creation of electronic health records of citizens.

National Identification Number (NIN):

National Identification Number (NIN) for Health facilities of India is a random 13 digit number generated for each facility and will be unique within India. NIN is generated on the basis of LUHN algorithm where the last digit is the checksum and the rest nine digits are the random number generated. In order to identify the geographic location of the health facility attributes like state, district, taluka, village based on MDDS (Meta Data and Data Standards) codes will be attached to NIN. The Process of the generation of NIN number has been initiated by Centre for Health Informatics (CHI) in collaboration with NIC (NIC has provided basic software for NIN generation). The further development will be done by CHI as per needs and future requirements. The National Identification Number (NIN) would be in compliance with the MDDS² for Health domain as notified by DeitY.

Definition of the Health Facilities to be covered:

Health Facility means all Government, Private including allopathic, Ayurveda, Homeopathy, Sidha, Unani, Yoga Hospitals, clinics, diagnostic laboratories, blood banks etc.

²NIN will follow Metadata and Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. It will adopt Demographics MDDS, notified by DeitY, as relevant.

ID Structure of NIN:

- It will be 13 Digit Unique Number given to each Health Facility.
- 12 digits will be a random number followed by 1 digit check-sum number
- First digit will never be 0

Action Plan for NIN generation, Validation and Adoption:

S. No.	Action Items
1.	Verification of data related to Health Facilities from different sources.
2.	Allocation of National Identity Number (NIN) to each Health Facility of India (HFI)
3.	All ICT Systems in Health Sector (Central, State, Private) will use NIN prospectively in new systems in order to achieve interoperability and seamless information exchange
4.	States /UTs will need to take necessary steps to incorporate NIN in their existing systems
5.	Integration with Clinical Establishment Registration and Regulation System (CERRS).

Receipt No : 641915/2017/E-GOVERNANCE

F. No.28-6/2014-IFD(Pt.)

Government of India

Ministry of Health & Family Welfare
(Integrated Finance Division)Nirman Bhawan,
New Delhi, the 19th November, 2014Office Memorandum

Subject: Delegation of Powers for Appraisal and Approval of Public Funded Plan Schemes/Projects - clarification reg.

The undersigned is directed to forward herewith a copy of Ministry of Finance(Department of Expenditure)'s O.M. No.24(35)/PF-II/2012 dt. 11.11.2014 and reference O.M. No.24(35)/PF-II/2012 dt. 29.8.2014 on the above subject for favour of information and compliance.

BS
19/11/14
(Bindu Sharma)
Director(IFD)

To

- (NBD)
- ✓ All Joint Secretaries in the Deptt. Of Health & Family Welfare/ Deptt. Of AYUSH/Deptt. Of Health Research.

Copy also to :

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12/11F.No.24(35)/PF-II/2012
Ministry of Finance
Department of Expenditure
PF-II Division

North Block, New Delhi

Dated: 11th November, 2014**OFFICE MEMORANDUM**

Subject: Delegation of Powers for Appraisal and Approval of Public Funded Plan Schemes/ Projects – clarification regarding.

The undersigned is directed to invite reference to this Department OM of even number dated 29-8-2014 on the above subject.

2. With reference to Note 2 below the Table in para 2 of the OM *ibid*, it is further clarified that the representative of Department of Expenditure should be invited to attend SFC meetings if the proposal is above Rs. 300 crore.

(Arunish Chawla)

Joint Secretary to the Govt. of India

Tel.23093052

Secretaries of All Ministries/Departments

All Financial Advisers

Cabinet Secretariat

Prime Minister's Office

Planning Commission

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A.S. & P.A.'s Office

PTS No. 248383

Date: 12/11/2014

Concept Note

**Integrated Health Information Platform
(IHIP)**

Centre for Health Informatics

Ministry of Health & Family Welfare

June 20th, 2016

Integrated Health Information Platform (IHIP) Concept Note

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Abbreviations and Acronyms

API	Application Programming Interface
CHI	Centre For Health Informatics
DeitY	Department of Electronics & information Technology
DPR	Detailed Project Report
DSS	Decision Support System
EFC	Expenditure Finance Committee
EHR	Electronic Health Record
EMR	Electronic Medical Record
HIS	Hospital Information System
IaaS	Infrastructure-as-a-Service
ICT	Information & Communication Technology
IHIP	Integrated Health Information Platform
M2M	Machine-to-Machine
MMP	Mission Mode Project
MoHFW	Ministry of Health & Family Welfare
NeGP	National eGovernance Plan
NeHA	National eHealth Authority
NHP	National Health Portal
PMU	Project Management Unit
SFC	Standing Finance Committee

Integrated Health Information Platform (IHIP) Concept Note

Executive Summary

For effective adoption of ICT in Indian healthcare- aligned with health sector goals under Digital India Programme- need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange has emerged critical. The Steering Committee on eHealth – chaired & co-chaired by Secretary (HFW) and Secretary (DeitY) respectively- has decided to establish an 'Integrated Health Information Platform (IHIP)'.

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc. - that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide. This would facilitate continuity of care, confidential & secure health data/records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies & medical errors, low data redundancy, big data analytics etc. A framework of unique identification for patients, providers/health facilities and medical procedures would be incorporated so as interoperability (and thence longitudinal medical record) is attained amongst different health IT systems.

IHIP is proposed to encompass various components like eHealth applications, eHealth data; and eHealth infrastructure. Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course.

IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. At backend, Cloud Computing environment would be utilized. However, individual hospitals/healthcare facilities will have to put in the required infrastructure – terminals, peripheral hardware etc. - in their premises in order to access and use IHIP. Tried & tested open source solutions complying with EHR Standards offered by third parties, both public & private IT vendors, would be hosted on IHIP. Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per their need.

IHIP is proposed to be implemented and managed by Centre for Health Informatics (CHI) setup by MoHFW and currently managing the operations of National Health Portal (NHP).

It has been already approved to register CHI as a 'Society' under MoHFW. The CHI will have additional roles and responsibilities, apart from IHIP and NHP, under its purview such as secretarial work of the proposed National eHealth Authority (NeHA).

The development of the IHIP is envisaged over one year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

Sustainability of IHIP needs to be addressed properly. For ensuring sustainability is attained, IHIP is planned to explore various possible revenue sources including from health information exchange platform like real-time data services to different healthcare providers, asynchronous data analytics /customized reports for health care analytics organizations etc. However, in short-to-medium term it would require funding assistance from the government, till it achieves a critical mass.

The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. Till the time NeHA is set-up, the implementing agency would take care of such matters.

The immediate to short term way-forward on setting up of IHIP includes:

- Consultation with different key stakeholders – States/UTs, DeitY, India Health Information Network (IHIN), Industry Experts, Application/IT Vendors, Healthcare Providers etc. for fine-tuning & finalisation of the concept note
- Estimation of costs involved in setting up of IHIP once the concept in terms of services, infrastructure elements, business models, business scale & its ramp up etc. is finalised
- Generation of unique National Identification Number (NIN) for Health Facilities & providers (Public and Private) and its implementation in IT systems - **For details on NIN kindly refer Annexure -I**
- Information Dissemination and consultation with States/UTs regarding adoption of UHID as per the notified EHR Standards for India
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

Integrated Health Information Platform (IHIP) Concept Note

Introduction

This Concept Note outlines objectives, components along with high level architecture, business model, implementation framework, cost elements & estimate etc. for the proposed Integrated Health Information Platform (IHIP). It has been prepared based on DPR of Health MMP, discussions held in meeting of Steering Committee on eHealth, deliberations held with MoHFW's officials/ DeitY/Experts/ Solution Vendors etc., and review of select relevant documents available through desk research.

This Concept Note provides a base document for further discussion with the relevant stakeholders and subsequent fine-tuning & elaboration before it is converted into a proposal for EFC/SFC.

Background

During the last two years, a detailed exercise had been undertaken for scoping and preparation of project report for comprehensive adoption of ICT in Indian healthcare under Health Mission Mode Project (MMP)-aligned with Digital India Programme and E-Kranti (NeGP 2.0). It emphasised primarily upon the need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange.

Creation of EHRs of citizens and establishment of supporting infrastructure/ mechanism for exchange of health records emerges as one of the key focus areas under the plan for comprehensive use of ICT in healthcare. Accordingly, in the meeting of Steering Committee on eHealth held on 27th July, 2015, it was deliberated and decided to establish an 'Integrated Health Information Platform' primarily focusing on interoperable EHRs and subsequently to encompass other key components of eHealth, as feasible, like Drug Supply Chain Management, Citizen Portal etc., as underlined in Health MMP DPR.

Issues to be addressed

It has been observed those healthcare organisations are mostly operating in data-rich but information-poor environment. Patient health data is being gathered / stored - distributed over a number of locations and via a number of IT solutions - which is generally inaccessible, improperly formatted/not standardised and hence not interoperable. System interoperability along with supportive IT frameworks and optimal information exchange to support better healthcare services and thus outcomes is the key requirement in the prevailing scenario. Also need is there for transforming data into information and evidence, which could help in decision support systems (DSSs).

Multiple data sources need to be integrated in meaningful ways to improve services in relation to access, quality, user satisfaction and efficiency. With information sharing, volumes of independent sets of data across multiple systems can be brought together in integrated, relevant and useful summary views. Integrated data can be de-identified and aggregated in such a way to enable policy-making decisions at public health level. The current focus is more on "pushing" vs "pulling" data, which often leads to ineffective data sharing and impedes care quality and efficiency impacting outcomes.

Key issues need to be addressed
Fragmented information streams/systems
Quality of data
Large volume of data collected
Duplication of data collection – <i>Data Redundancy</i>
Sub-optimal resource utilisation due to duplicate information systems
Lack of interoperability & accessibility of information
Lack of unique identifiers for patients, providers & health facilities
'Push' vs. 'Pull' model of data sharing
No common EHR system

It is essential that information can be accessed from anywhere in the health system to facilitate seamless communication in between different stakeholders like patient-to-provider, provider-to-provider, provider-to-health managers/government agencies, government/provider-to-academia etc. Data should only be recorded once, at its source (single instance capture), the systems need to be sustainable, data must be standardised and understandable and the system needs to be available locally.

Objectives of IHIP& Outcome envisaged

The overall and ultimate purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilisation of resources, availability of information/data – in secure manner and on real time basis- through integration of systems to ensure a comprehensive EHR Solution.

- **To aggregate & share data – by combining data source/health records at different places, improve quality by reducing duplication and manual transmission of data; ensure availability of health records / data across stakeholders/providers/hospitals, and**
- **To optimise resource – reduce duplication of data collection, reduce development and maintenance of overlapping systems.**

Integrated Health Information Platform (IHIP) Concept Note

The specific objectives envisaged to be achieved through IHIP include:

- To leverage information & communication technologies (ICTs), aligned with health care goals under Digital India Programme & E-Kranti, meeting the requirements of different stake-holder groups- citizens, providers, policy makers & program managers
- To set-up a health information technology platform hosted on Cloud which has integrated and inter-operable standards compliant & open source healthcare management applications along with infrastructure/services for health information highway
- To enable real time collection & aggregation of data in an efficient & effective manner and to facilitate exchange of data across systems and stake-holders by establishing a framework for unique identification for patients, providers/health facilities and medical procedures.
- To facilitate improvement in quality/continuity and affordability of care through interoperable EHRs and better utilisation of resources
- To enable effective and efficient management of population health through real time aggregated data

The key outcomes/benefits envisaged from IHIP for different stake-holder groups include:

Stakeholder group	Outcome/ benefits
Citizen / Patient	<ul style="list-style-type: none"> • Continuity of care • Confidential & secure health data/records management • Better affordability-by avoiding redundant examination/ tests/procedures
Healthcare Providers	<ul style="list-style-type: none"> • Availability of real time and standardised data/information • Optimal information exchange to support better health outcome • Better decision support system • Fewer redundancies & medical errors

Payers	<ul style="list-style-type: none"> • Better and smoother management of billing and claims processes • Enhanced precision and speed of coverage payments to healthcare service • Better analysis of cost-effectiveness of coverage policies • Business intelligence and more sophisticated data analysis towards better coverage policies planning etc.
Government/ Health Managers	<ul style="list-style-type: none"> • Reduced duplication of data (single instance capture) - low data redundancy • Less fragmentation & more standardisation health information systems • Strengthening of evidence base for effective policies • Big data analytics – Dashboards for Monitoring & Evaluations facilitating effective decision making

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc. - that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible globally irrespective of whichever hospital/ healthcare provider he/she went to.

Components and Architecture

The various design aspects – in line with the prevailing challenges - considered while conceptualising IHIP include the following:

Integration of multiple systems – primarily patient centric- working in silos
Data capturing at source in digital format
Sharing and aggregation of quality data with minimum latency across applications and stake-holders
Availability of uniquely identifiable, easily traceable & verifiable data/records in the system
Access to quality data to health managers, policy makers etc. capturing various parameters linked with determinants of health for effective & efficient healthcare delivery

Integrated Health Information Platform (IHIP) Concept Note

In line with the envisaged objectives, IHIP is proposed to encompass various components grouped as **eHealth applications** - describing tools and systems that will be used by users to interact with the system or for data processing; **eHealth data** - describing major data items and data that will be shared between components; and **eHealth infrastructure**: describing computing infrastructure required to support eHealth solutions.

Category	Brief
eHealth applications	
Application / Solution	<ul style="list-style-type: none"> • To meet various requirements related to creation of HER through 'suite for digital health records creation & management' consisting of¹: <ul style="list-style-type: none"> ○ Hospital information management/ Clinical administration / Electronic medical records - medications, laboratory results, radiology images etc. ○ Remote patient monitoring – through internet-of-things; wearable devices, M2M technologies etc. ○ Telehealth ○ E-commerce- billing, payment, insurance claims etc. ○ Patient communications – SMS, emails, voice ○ Business intelligence & Analytics ○ Etc. • Also to include Public Health Applications/Systems having interface with patient/citizen health records –those related to disease control/immunisation like Mother & Child Tracking System , TB Control Programme etc.
Information Exchange	<ul style="list-style-type: none"> • To facilitate exchange of information between different EMR systems • To connect to a database in which the medical records of the patients are collected from multiple providers and consolidated together • Exchange between patients, healthcare providers, payers, medical data providers
eHealth infrastructure	
Hosting environment	<ul style="list-style-type: none"> • Hosting of servers -application, database- on 'Cloud' • User of IHIP doesn't need to own servers/ storage/database

¹ Given on illustrative basis; suite may include all or some

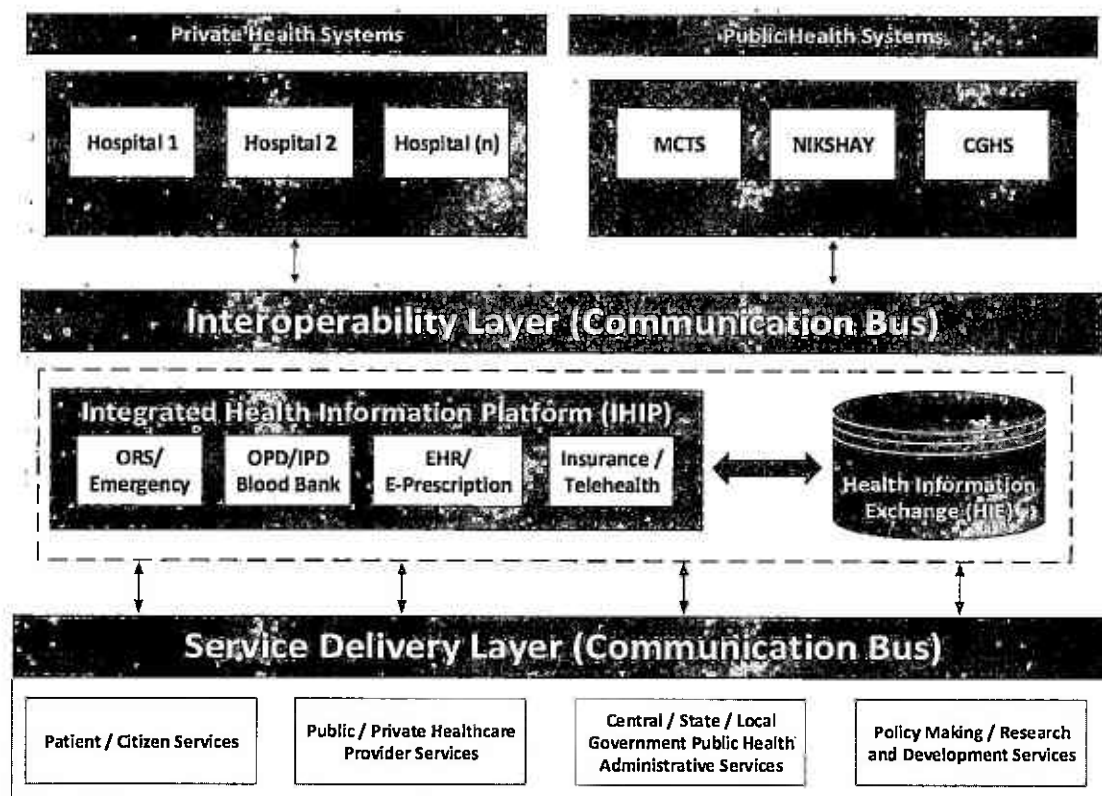
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Integrated Health Information Platform (IHIP) Concept Note

Category	Brief
&Database management	
Standards	<ul style="list-style-type: none"> • Compliance of applications to EHR Standards, Open Source Software Policy, Open API Policy, other relevant eGovernance Standards
Privacy & Security	<ul style="list-style-type: none"> • Patient consent/ permissions • Disclosure management
eHealth data	
Registry / Identifiers	<ul style="list-style-type: none"> • Unique identifiers for patients, providers, health facilities
Repositories	<ul style="list-style-type: none"> • Health records

An architecture representing the fundamental organisation of IHIP's components, their logical relation to each other/other systems and their inter-dependencies has been outlined and presented as below. These components need to interact amongst themselves according to a certain plan or design.



Integrated Health Information Platform (IHIP) Concept Note

The points of care / hospitals already having EHR applications running could join the platform for various common services and information exchange facilities/ interoperability features.

Business model

Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course. These are detailed as follows. IHIP is proposed to use public - private partnership in an effective manner.

Business element	model Details
Infrastructure as a service	<ul style="list-style-type: none"> •IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. •At backend, Cloud Computing environment would be utilized. •However, individual hospitals/healthcare facilities will have to put in the required infrastructure - terminals, peripheral hardware etc. - in their premises in order to access and use IHIP.
Application as a service	<ul style="list-style-type: none"> •Based on evaluation - tried & tested solutions, open source solutions, complying with EHR Standards-application(s) of third parties, both public & private IT vendors, would be selected. •Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. •Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per need
Fee for service	<ul style="list-style-type: none"> •The application providers having their applications hosted on IHIP can decide their fee structure to be charged from users- subscription fee / transaction fee etc. - based on service levels.

Business element	model Details
Regulatory	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc.
Funding assistance	<ul style="list-style-type: none"> • For common services and exchange facilities, it is proposed that in initial phase funding assistance could be provided by the Ministry to various related expenses. • Subsequently, IHIP could evolve a charging mechanism / structure for the common and exchange related services, which could be based on transaction fee/ subscription fee etc.

Implementation Framework

IHIP is proposed to be implemented and managed by Centre for Health Informatics (CHI) setup by MoHFW and currently managing the operations of National Health Portal (NHP). It has been already approved to register CHI as an 'Autonomous Society' under MoHFW. The CHI will have additional roles and responsibilities, apart from IHIP and NHP, under its purview such as secretarial work of the proposed National eHealth Authority (NeHA). The CHI will be strengthened with adequate manpower and resources along with a PMU.

The Centre for Health for Informatics (CHI) will utilize the existing approved resources i.e. manpower and infrastructure for operationalization of the work related to IHIP and create necessary administrative structures, if required. The structure & manpower proposed, in respect of PMU is provided as follows:

Set-up	Details ²
PMU	<ul style="list-style-type: none"> • It will function within the CHI and will coordinate with different stakeholders and service providers. • PMU-Centre will consist of total of 10 personnel: <ul style="list-style-type: none"> ○ Programme manager : 2 ○ Functional consultants : 4 ○ Technical consultants : 4

²The manpower strength shown is tentative in nature. It would be fine-tuned subsequently.

Integrated Health Information Platform (IHIP) Concept Note

Implementation timeframes

The development of the IHIP is envisaged over one year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Set-up of PMU- Centre								
Registration of Centre for Health Informatics into a 'Society'								
Selection of agency for development of software & integration								
Development of software								
User testing								
Integration of software								
Agreement for hiring of cloud hosting services & connectivity services								
Set-up of Onsite support team at States								
Initial Roll out in select states/districts					3 states x 3 districts			
Ramp up in other states								

Cost elements

The various cost elements as identified for setting up of IHIP have been identified and are listed below. *The task of estimating these costs is underway and is expected to be completed shortly.*

Cost element	Type	Details
Test bed cost	Non-recurring	• For initial testing of IHIP
Integration of software / applications	Non-recurring	• For establishing inter-operability layers
Health information exchange set-up	Non-recurring + Recurring	• Including software and hardware
Human resource	Recurring	• For managing the operation related to IHIP
Hosting charges – Cloud	Recurring	• Cloud- 'Meghraj' - could be assumed to be available free of cost

Cost element	Type	Details
Network Connectivity charges	Recurring	•Connectivity through various infrastructure set-up by Government - Bharat Net, NKN, NII etc. - could be assumed to be available free of cost.
Miscellaneous	Recurring	•Travels, training,

It has been assumed that the cost related to preparatory works at different public hospitals/health facilities would be taken care from the respective budgets of these hospitals/facilities.

Challenges and mitigation strategies

The various possible challenges anticipated in implementation / scale up of IHIP have been identified and accordingly mitigation strategies have been broadly outlined as follows:

Challenges	Mitigation strategy
Sustainability of IHIP	<ul style="list-style-type: none"> •Explore possible revenue sources from health information exchange platform like: <ul style="list-style-type: none"> ○ Real-time data services to different healthcare providers Asynchronous data analytics and customized reports for health care analytics organizations- these entities will generate revenue by performing customized analyses that are of value to a wide variety of potential customers. These services can include risk assessment reports for health insurance companies, automatic alerts to patients about the negative interactions of the drugs that are being prescribed, de-identified summaries of patient records for medical researchers and geographical health trends or prediction of outbreaks of infectious disease for public health authorities etc.
Adoption & change management	<ul style="list-style-type: none"> •It is proposed to follow a comprehensive framework based on awareness/sensitisation- about benefits-and training for implementation so as to properly address the challenge of change management.

Integrated Health Information Platform (IHIP) Concept Note

Challenges	Mitigation strategy
Attaining critical mass in time & scaling up	<ul style="list-style-type: none"> • Key challenge would be in terms of scalability of the platform & management of the scaled up centralized platform given the varied and diverse nature of the requirements of healthcare providers ranging from individual practitioners to large hospitals across public & private sector. • Participation of public healthcare sector into IHIP could be promoted by Ministry. This would enable IHIP attain critical mass and more. • Hospital/facilities empanelled under Central Government Health Scheme (CGHS) could be advised to use IHIP for better and cost effective service delivery. • Co-working with Indian Health Information Network, different Healthcare associations etc. for promoting use of IHIP
Incentive to share EHR	<ul style="list-style-type: none"> • For public health sector, Government provided funding assistance for setting up of HIS/ EHR applications under NHM. • Otherwise, incentives to share EHR would need to come from Payers segment (like Insurance Companies, ESIC, Employers etc.) as they benefit significantly in terms of faster claim processing, settlement etc.
Data privacy & security	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. • NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. • Till the time NeHA is set-up, the implementing agency would take care of such matters.
Standards adoption & compliance	<ul style="list-style-type: none"> • IHIP will follow the EHR Standards notified for India. The data to be uploaded on the platform by health care providers will be as per the minimum data set defined in the EHR standards. • It will adopt Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. • It will adopt Demographics MDDS, notified by DeitY, as relevant

Challenges	Mitigation strategy
	<ul style="list-style-type: none"> • It will ensure framework for unique identification for patients, providers/health facilities and medical procedures

Way forward

The immediate to short term way-forward includes:

- Consultation with different key stakeholders – States/UTs, DeitY, India Health Information Network (IHIN), Industry Experts, Application/IT Vendors, Healthcare Providers etc. for fine-tuning & finalisation of the concept note
- Estimation of costs involved in setting up of IHIP once the concept in terms of services, infrastructure elements, business models, business scale & its ramp up etc. is finalised
- Generation of unique National Identification Number (NIN) for Health Facilities & providers (Public and Private) and its implementation in IT systems – **For details on NIN kindly refer Annexure -I**
- Information Dissemination and consultation with States/UTs regarding adoption of UHID as per the notified EHR Standards for India
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

References:

1. Health MMP DPR, March 2015, by NISG
2. A Sustainable Business Model for Health Information Exchange Platforms: The Solution to Interoperability in Healthcare IT Niam Yaraghi, January 2015
3. Hillestad, R., Bigelow, J., Bower, A., Girosi, F., Meili, R., Scoville, R., & Taylor, R. (2005). Can Electronic Medical Record Systems Transform Health Care? Potential Health Benefits, Savings, and Costs.

Integrated Health Information Platform (IHIP) Concept Note

Annexure –I – National Identification Number (NIN)**Overview**

In view of the key challenge highlighted in Health MMP DPR that health information & patient records with different health IT systems remain trapped in silos (having virtually no inter-operability) in absence of a common identifier in the different databases, detailed discussions were held with different divisions, states and NIC. After detailed discussions & consultation, it has been decided to generate and assign unique number i.e. National Identification Number (NIN) to each of the health facilities (both public & private) in order to facilitate interoperability and information exchange between different IT systems. It is also critical for creation of electronic health records of citizens.

National Identification Number (NIN):

National Identification Number (NIN) for Health facilities of India is a random 13 digit number generated for each facility and will be unique within India. NIN is generated on the basis of LUHN algorithm where the last digit is the checksum and the rest nine digits are the random number generated. In order to identify the geographic location of the health facility, attributes like state, district, taluka, village based on MDDS (Meta Data & Data Standards) codes will be attached to NIN. The Process of the generation of NIN number has been initiated by Centre for Health Informatics (CHI) in collaboration with NIC (NIC has provided basic software for NIN generation). The further development will be done by CHI as per needs and future requirements. The National Identification Number (NIN) would be in compliance with the MDDS³ for Health domain as notified by DeitY.

Definition of the Health Facilities to be covered:

Health Facility means all Government, Private including allopathic, Ayurveda, Homeopathy, Sidha, Unani, Yoga Hospitals, clinics, diagnostic laboratories, blood banks etc.

Proposed ID Structure of NIN:

- It will be 13 Digit Unique Number given to each Health Facility.
- 12 digits will be a random number followed by 1 digit check-sum number
- First digit will never be 0

³NIN will follow Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. It will adopt Demographics MDDS, notified by DeitY, as relevant.

Minimum Attributes to be captured in NIN

- State
- District
- Sub-District
- Village/Ward/Town/City
- Government/Semi-Government/Private
- Area: Rural/Urban
- Address
- Nature of facility

Action Plan for NIN generation, Validation & Adoption:

S. No.	Action Items
1.	Verification of data related to Health Facilities from different sources.
2.	Allocation of National Identity Number (NIN) to each Health Facility of India (HFI)
3.	All ICT Systems in Health Sector (Central, State, Private) will use NIN prospectively in new systems in order to achieve interoperability and seamless information exchange
4.	States /UTs will need to take necessary steps to incorporate NIN in their existing systems
5.	Integration with Clinical Establishment Registration & Regulation System (CERRS).

Implementation timeframes**NIN Generation, Validation & Adoption by States****Phase 1 – December 2015 – March 2016**

- NIN Generation at the centre to be complete by November, 2015
- States to validate the NIN numbers generated for at least 90% of the Government health facilities and generate NIN for at least 50% of Private facilities by March 2016
- States to ensure that NIN is implemented prospectively in all State Program systems like MCTS, NIKHSAY etc. prospectively from FY 2015-16 in order to facilitate data collection from all government health facilities

Integrated Health Information Platform (IHIP) Concept Note

Phase 2- March 2016- December 2016

- States to ensure "NIN" is incorporated/ impregnated in all legacy systems/ database running in the state by tweaking the existing software's in order to facilitate interoperability and facilitate creation of electronic health records of citizens
- Complete linkage of data/records with unique identifier (UHID) as per EHR Standards/ MDDS Standards (revised /updated standards to be notified by MoHFW in due course of time)

Indicative Cost:

S. No.	Central Expenditure	Amount (in INR)
1.	Software Development for NIN including Web services	3,00,000
2.	O&M Support for NIN Application	4,50,000
3.	NIN Monitoring & Evaluation Team	72,00,000
	Total	79,50,000

S. No.	State Level Expenditure	Amount (in INR)
1.	Manpower Support to states for NIN related activities & data entry	5,66,00,000
2.	Miscellaneous Expenses - Travel & Training	56,60,000
	Total	6,22,60,000

Costing Assumptions:

Central Expenditure	No of Resources	Cost Per Resource/Month	No of Months Effort
Software Development for NIN including Web services	3	50,000.00	2
O&M Support for NIN Application	3	50,000.00	3
NIN Monitoring & Evaluation Team	6*	1,00,000.00	12

- NIN Monitoring & Evaluation Team - 1 resource has been proposed for carrying out M&E work & coordination with 6 States/UTs

State Level Expenditure

- Manpower Support to states for NIN related activities & data entry have been calculated based on the following assumptions
 - Number of unique applications taken ranging from 5-15 depending on progress status of eHealth in a state.
 - Entries of NIN for health facilities to be made in the unique applications.
 - Time required for entry of NIN for one facility in one application assumed as 5 minutes.
 - Working hours as 8 in a working day , Working days as 22 in a months
 - Maximum window of manpower support as 6 months
 - Average cost per man-month as Rs.50000
- Miscellaneous Expenses - Travel & Training have been assumed as 10% of Manpower Support Cost



आरोग्यम् सुखसम्पदा

National Institute of Health and Family Welfare

(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067

दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773

फैक्स: 91-11-26101623 • तार: स्वस्थ परिवार

ई.मेल: info@nihfw.org • वेब साइट: www.nihfw.org

No.: NIHFW/CHI/IHIP/2016

Baba Gangnath Marg, Munirka, New Delhi-110 067

Phones: 91-11-26165959, 26166441, 26188485, 26107773

Fax: 91-11-26101623 • Gram: SWASTH PARIVAR

E.Mail: info@nihfw.org • Web Site: www.nihfw.org

To
Mr Jitendra Arora
Director (eGov)
Ministry of Health and Family Welfare
Department of Health and Family Welfare
Nirman Bhawan, New Delhi

Dated: 21st June 2016**Sub: Approval for setting up of Integrated Health Information Platform (IHIP) in India**

Dear Sir,

This is in reference to the review meeting on Integrated Health Information Platform (IHIP) and other eGovernance activities held on 15th June 2016, chaired by Add. Secretary (eGov). In the meeting detailed discussions were held regarding setting-up of an Integrated Health Information Platform. It was discussed in the meeting that the Centre for Health Informatics should initiate the process for the selection solution provider/ Development agency for this platform. A detailed Concept Note and EOI document (copy enclosed) has been prepared by CHI for advertisement. In the meantime the CHI is working to finalize the detailed budgeting for initial 5 years. The initial tentative costing for the setting up of IHIP would be 95 crores (excluding hardware, hosting and connectivity charges). Detailed breakup of the costing is given in the Annexure "A".

Therefore, kind approval is required to initiate the process of setting up of IHIP and publishing of EOI Document in leading newspapers and online platforms. It is also requested to sanction and release the funds for the above initiative.

Thanking you,
Sincerely yours,

[Prof. S N Sarbadhikari]

Project Director, Centre for Health Informatics
NIHFW, Munirka, New Delhi 110067

Enclosures:

1. As above

Ministry of Health & Family Welfare
e-Governance Division

Subject: Review meeting regarding IHIP and other eGovernance activities..
Venue: 153-A Wing. Time: 11.30 AM. Date: 15th June, 2016.

S. No.	Name	Designation	Official Address	e-mail ids	Mobile Number	Sign.
1.	Sandeep Chopra	Scientist-D	NIC HQ	sandeep.chopra@gov.in	9818864235	Chopra
2.	Manoj Saxena	Scientist-C	NIC - Nirman Bh.	manoj.saxena@gov.in	9868362171	M.D.
3.	Ankit Tripathi	Add. Director, CH1	NIC HQ	at@nic.hq.org	9838363535	Tripathi
4.	Jyoti Prakash				9868493	Jyoti
5.	Gaurav Sharma	Deputy Director, CH1	NIC HQ	gaurav.sharma@nic.hq.org	9810053463	Gaurav
6.	Prof. Supren Subudhikavi	PD, CH1	NIC HQ	supren@gmail.com	9817366984	Supren
7.	Sanil Kumar	Senior Technical Director	NIC	sanil.kumar@nic.in	9810901302	Sanil
8.	S. K. Sinha	Sr. Techn. Director	NIC	shanku@gov.in	9818238658	Sinha

228

Receipt No : 641915/2017/E-GOVERNANCE

S. No.	Name	Designation	Official Address	e-mail ids	Mobile Number	Sign.
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

(227)

Receipt No : 641915/2017/E-GOVERNANCE

File No. Q-11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)

Nirman Bhawan, New Delhi

Dated: 28 April, 2016

29

ORDER

Subject: Constitution of a committee for hiring of Manpower for the purpose of IHIP test bed to be employed under CHI of NHP.

Ministry is in the process of hiring 16 Technical Personnel from NICSI empanelled vendor for providing support for the purpose of IHIP test bed.

2. A selection committee of officials of MoHFW has to be formed for selection of candidates for the purpose of IHIP test bed from NICSI empanelled vendor. The constitution of the committee is as follows:-

- | | | | |
|------|---------------------|---|-----------------------------------|
| I. | Shri Jitendra Arora | - | Director (eGov), MoHFW |
| II. | Shri Sunil Kumar | - | STD, NIC, MoHFW |
| III. | Shri Ankit Tripathi | - | Additional Director (eGov), MoHFW |
| IV. | Shri Manoj Saxena | - | Senior System Analyst, NIC, MoHFW |

3. This issues with the approval of Joint Secretary (eGov).



(Jitendra Arora)

Director(eGovernance)

Tele: 23062317

To:

All Members of the committee.

Copy to:

1. PPS to AS(eGov)
2. PPS to JS(eGov)

Receipt No : 641915/2017/E-GOVERNANCE

226

Subject: Re: constitution of committee for hiring of manpower for the purpose
of IHIP test bed to be employed under CHI of NHP

Date: 05/04/16 02:42 PM

From: "Amit Kumar" <amit.k89@gov.in>

To: Jitendra Arora <dir.ehealth@gmail.com>, sunil.bhushan@gov.in,
ankit_tripathi11@hotmail.com, manoj.saxena@nic.in



constitution of committee for hiring of manpower f... (311kB)

Sir

Ministry in the process of hiring 10 Technical Personnel from NICSI empanelled vendor for providing support for the purpose of IHIP test board.

In this context a committee of officials from MoHFW has been formed for selection of candidates.

In this regard, please find attached the Order of constitution of the committee

Regards

Amit Kumar

Assistant Director (eGovernance)

Ministry of Health & Family Welfare

Room No. 425C

Nirman Bhawan

New Delhi – 110 011

On 05/04/16 02:39 PM, "Amit Kumar" <amit.k89@gov.in> wrote:

Sir

Ministry in the process of hiring 10 Technical Personnel from NICSI empanelled vendor for providing support for the purpose of IHIP test board.

Regards

Amit Kumar

Assistant Director (eGovernance)

Ministry of Health & Family Welfare

Room No. 425C

Nirman Bhawan

New Delhi – 110 011

Receipt No : 641915/2017/E-GOVERNANCE

Subject: constitution of committee for hiring of manpower for the purpose of
IHIP test bed to be employed under CHI of NHP

To: asfnd.kb@gmail.com, sunil.sharma62@gov.in

Date: 05/04/16 02:49 PM

From: "Amit Kumar" <amit.k89@gov.in>

constitution of committee for hiring of manpower f... (311kB)

Sir

Ministry in the process of hiring 10 Technical Personnel from NICS empanelled vendor for providing support for the purpose of IHIP test board.

In this context a committee of officials from MoHFW has been formed for selection of candidates.

In this regard, please find attached the Order of constitution of the committee

Regards

Amit Kumar

Assistant Director (eGovernance)

Ministry of Health & Family Welfare

Room No. 425C

Nirman Bhawan

New Delhi – 110 011



Amit Kumar <amitkumariss34@gmail.com>

Fwd: Regarding Placement of Work Order of manpower for 03 Software Developer Under Tendor No. NIC/TPS/2015/18 for C153105MPND (IHIP Test Bed Interoperability Project)

1 message

Jitendra Arora <dir.ehealth@gmail.com>
To: Amit Kumar <amitkumariss34@gmail.com>

Tue, May 10, 2016 at 12:27 PM

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

----- Forwarded message -----

From: **Manoj K. Saxena** <manoj.saxena@gov.in>
Date: Tue, May 10, 2016 at 12:06 PM
Subject: Regarding Placement of Work Order of manpower for 03 Software Developer Under Tendor No. NIC/TPS/2015/18 for C153105MPND (IHIP Test Bed Interoperability Project)
To: Vineet <vineet.tomar@nic.in>
Cc: PA VineetTomar <pa1.cgov-nicsi@nic.in>, Sunil Kumar <sunil.bhushan@nic.in>, Jitendra Arora <dir.ehealth@gmail.com>, jitendra.arora@nic.in

Dear Sir,

The work order for 03 (Three) software developers for a period of 06 (Six) months may be placed to M/s. IAP Company Lt.d at the earliest. The same may placed as per the details provided below:

1.	Name of Project	IHIP Test Bed Interoperability Project in MoHFW
2.	Name of Ministry	Ministry of Health & Family Welfare (MoHFW)
3.	Advance amount released by MoHFW	Rs 42,29,568/- via RTGS dated 01.03.2016 2016. TDS : 4,69,952/- BARBH16074673833
4.	NICSI's Project No.	C153105MPND ()
5.	Name of vendor	M/s. IAP Company Ltd.
6.	Category of Manpower	Software Developer Under Tendor No. NIC/TPS/2015/18

7.	No. of persons to be required initially	03
8.	Hiring period	6 months
9.	Proposed Joining Date	12-05-2016
10.	Contact Person	Sh Jitendra Arora, Director (eGov), Room No. 307-D, Nirman Bhawan, New Delhi Phone 23062317, jitendra.arora@gov.in
11.	NIC Project Coordinator	Sh Manoj Kumar Saxena, SSA, NIC HID, A-146, Nirman Bhawan, ND manoj.saxena@gov.in
12.	Delivery location	Director (eGov), Room No. 307-D, Nirman Bhawan, New Delhi Phone 23062317, jitendra.arora@gov.in

Note : -

1. Project Execution Form duly signed by Director, eGov has already been sent to NICS through NIC.
 2. Work Order may be placed to M/s. IAP Company Ltd. from above funds.
 2. Selection process of candidates has been completed by the constituted committee NIC & MoHFW
- Signed copy of above is attached for necessary action please.

Regards

Manoj K. Saxena

SCIENTIST-C


NIC - HID

एन आई सी - एच आई डी

011-24305900 (Direct), 011-23062146

3 attachments

 **Project Execution Form.pdf**
1166K

 **PMPDL154654.pdf**
69K

 **Sanction letter of manpower.pdf**
1091K

Receipt No : 641915/2017/E-GOVERNANCE

148995

File No. Q- 11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(eGov Division)

Room No. 425-C, Nirman Bhawan,
New Delhi-110011,
Date 01.03.2016

To

The Pay & Accounts Officer (Secretariat),
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.

Sub: Hiring of technical manpower through M/S NICSI in connection with implementation of IHIP pilot and test bed for interoperability.

Sir,

I am directed to convey the sanction of the President to the incurring amount of **Rs.46,99,520/-** [(inclusive all Taxes) to be released 100% in advance] for hiring of 10 IT personnel in eGovernance division through NICSI in connection with implementation of IHIP pilot and test bed for interoperability. The sanction of Integrated Finance Division (IFD) is also conveyed for drawal of 100% advance of **Rs.46,99,520/- (Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only)** for first instalment. The details are as under:

Sl. No.	Manpower Description	No. of Persons	Required period (in Months)	Rate per month (Exclusive of S.T.)	Total amount
A	B	C	D	E	D=(Cx Dx E)
1.	Project Manager Level- 2	1	12 months	1,03,995	12,47,940
2.	Senior programmer level 2	2	12 months	36,976	8,87,424
3.	Programmer	4	12 months	25,422	12,20,256
4.	Programmers assistant	3	12 month	20,799	7,48,764
Total (A)					41,04,384
Service Tax @14% (B)					5,74,613.76
Swachh Bharat Cess @ 0.5% (C)					20521.92
Grand Total (A+B+C)					46,99,520 (rounded off)

2. The expenditure involved is debitable to the Demand No.48- Department of Health & Family Welfare, 2210 Medical and Public Health (Major Head), 06800 other expenditure (Minor Head), 24- New initiative under Central Scheme, 2402- Telemedicine, 240228- Professional services for sanctioned Budget Grant for the financial year 2015-16. Utilization Certificate will be submitted against the fund released.



3. The Pay & Accounts officer in the Ministry of Health and Family Welfare is requested to make payment direct to their bank i.e. Corporation Bank, CGO Complex Branch, Lodhi Road, New Delhi, A/C No. 037100101010516, IFSC code- CORP0000371 of Rs. of Rs. 46,99,520/- (Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only) including all taxes. A copy of filled in mandate form provided by the firm is attached.

4. This sanction issues with the concurrence of Integrated Finance Division vide their Dy. No. C-2441 dated 15.02.2016.

Yours Faithfully,



(Soma Sanyal)

Under Secretary to the Government of India

E-mail: soma.sanyal67@nic.in

Tel. No. 23061203

Copy to:

1. Cash (Health)- Nirman Bhawan, New Delhi.
2. The Director of Audit, Central Revenues, IP Estate, New Delhi.
3. U.S. (FW Budget)
4. M/s NICSI (Attention: Shri Vineet Tomar, Deputy General Manager, Hall no. 2 & 3, 6th Floor, NBCC Tower, 15 Bhikaji Cama Place, New Delhi-68
5. Sanction Folder.



(Soma Sanyal)

Under Secretary to the Government of India

Please see
R2 I
by speed post

Chauhan
2-4-16



Receipt No : 641915/2017/E-GOVERNANCE

File No. Q- 11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(eGov Division)

Room No. 425-C, Nirman Bhawan,
New Delhi-110011,
Date 01.03.2016

To

The Pay & Accounts Officer (Secretariat),
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.

Sub: Hiring of technical manpower through M/S NICS I in connection with implementation of IHIP pilot and test bed for interoperability.

Sir,

I am directed to convey the sanction of the President to the incurring amount of **Rs.46,99,520/-** [(inclusive all Taxes) to be released 100% in advance] for hiring of 10 IT personnel in eGovernance division through NICS I in connection with implementation of IHIP pilot and test bed for interoperability. The sanction of Integrated Finance Division (IFD) is also conveyed for drawal of 100% advance of **Rs.46,99,520/- (Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only)** for first instalment. The details are as under:

Sl. No.	Manpower Description	No. of Persons	Required period (in Months)	Rate per month (Exclusive of S.T.)	Total amount
A	B	C	D	E	D=(CxDxE)
1.	Project Manager Level- 2	1	12 months	1,03,995	12,47,940
2.	Senior programmer level 2	2	12 months	36,976	8,87,424
3.	Programmer	4	12 months	25,422	12,20,256
4.	Programmers assistant	3	12 month	20,799	7,48,764
Total (A)					41,04,384
Service Tax @14% (B)					5,74,613.76
Swachh Bharat Cess @ 0.5% (C)					20521.92
Grand Total (A+B+C)					46,99,520 (rounded off)

2. The expenditure involved is debitable to the Demand No.48- Department of Health & Family Welfare, 2210 Medical and Public Health (Major Head), 06800 other expenditure (Minor Head), 24- New initiative under Central Scheme, 2402- Telemedicine, 240228- Professional services for sanctioned Budget Grant for the financial year 2015-16. Utilization Certificate will be submitted against the fund released.



219



Amit Kumar <amitkumariss34@gmail.com>

Fwd: Presentation by vendors in MOHFW for implementation of Inter-operable EHR System in India

1 message

Jitendra Arora <dir.ehealth@gmail.com>
To: Amit Kumar <amitkumariss34@gmail.com>

Wed, Apr 6, 2016 at 11:12 AM

----- Forwarded message -----

From: "Jitendra Arora" <dir.ehealth@gmail.com>

Date: 6 Apr 2016 08:44

Subject: Presentation by vendors in MOHFW for implementation of Inter-operable EHR System in India

To: "chandrashekhar rental" <rc@nasscom.in>, <manojit@nasscom.in>, <rama@nasscom.in>, "Anjan Bose" <anjan.bose@nathealth.co.in>, "Muthu Krishnan" <mkrishnan@tata.com>, <shrihari.L@tcs.com>

Cc:

Sir/Madam,

Currently in India, there are only a few health service providers, in public and private sectors, who have Electronic Medical Record systems (EMR) / EHR for patients. But these systems mostly are not as per the standards notified by the government and are also not inter-operable. MoHFW has envisaged to establish an '**Integrated Health Information Platform (IHIP)**' which would work in the direction of enabling creation of interoperable health records which can be made available and accessible nationwide.

In this regard Ministry of Health and Family Welfare intends to organize a meeting with reputed vendors under the umbrella of NASSCOM and NATHEALTH on 12.04.2016 (Tuesday) to understand the interoperability of Medical Data Transfer across systems in different health facilities. Ministry would also like to understand various systems being built that are already in use by different health organizations and ideas that would bring interoperability among these health systems so that the process of preparation of RFP document can be initiated.

Reputed Software vendors may be invited to deliver the Power Point Presentations on the above subject at MoHFW, Nirman Bhawan, New Delhi on 12.04.2016.

A background material on the above subject is enclosed.

Regards



Receipt No : 641915/2017/E-GOVERNANCE

28



Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

2 attachments

-  **Background material for Envisaged EHR System- For Presentations by vendors.docx**
24K
-  **Integrated Health Information Platform Concept Note_V.4.0_26112015_for NISG.docx**
73K

Receipt No : 641915/2017/E-GOVERNANCE

File No. Q- 11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(eGov Division)

Room No. 425-C, Nirman Bhawan,
New Delhi-110011,
Date 01.03.2016

To

The Pay & Accounts Officer (Secretariat),
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.

Sub: Hiring of technical manpower through M/S NICSI in connection with implementation of IHIP pilot and test bed for interoperability.

Sir,

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A	B	C	D	E	D=(CxDxE)
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2.	Senior programmer level 2	2	12 months	36,976	8,87,424
3.	Programmer	4	12 months	25,422	12,20,256
4.	Programmers assistant	3	12 month	20,799	7,48,764
Total (A)					41,04,384
Service Tax @14% (B)					5,74,613.76
Swachh Bharat Cess @ 0.5% (C)					20521.92
Grand Total (A+B+C)					46,99,520 (rounded off)

2. The expenditure involved is debitable to the Demand No.48- Department of Health & Family Welfare, 2210 Medical and Public Health (Major Head), 06800 other expenditure (Minor Head), 24- New initiative under Central Scheme, 2402- Telemedicine, 240228- Professional services for sanctioned Budget Grant for the financial year 2015-16. Utilization Certificate will be submitted against the fund released.

(216)

Receipt No : 641915/2017/E-GOVERNANCE

3. The Pay & Accounts officer in the Ministry of Health and Family Welfare is requested to make payment direct to their bank i.e. Corporation Bank, CGO Complex Branch, Lodhi Road, New Delhi , A/C No. 037100101010516, IFSC code- CORP0000371 of Rs. of **Rs.46,99,520/-** (**Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only**) including all taxes. A copy of filled in mandate form provided by the firm is attached.

4. This sanction issues with the concurrence of Integrated Finance Division vide their Dy. No. C-2441 dated 15.02.2016.

Yours Faithfully,



(Soma Sanyal)

Under Secretary to the Government of India

E-mail: soma.sanyal67@nic.in

Tel. No. 23061203

Copy to:

1. Cash (Health)- Nirman Bhawan, New Delhi.
2. The Director of Audit, Central Revenues, IP Estate, New Delhi.
3. U.S. (FW Budget)
4. M/s NICS (Attention: Shri Vineet Tomar, Deputy General Manager, Hall no. 2 & 3, 6th Floor, NBCC Tower, 15 Bhikaji Cama Place, New Delhi-68
5. Sanction Folder.



(Soma Sanyal)

Under Secretary to the Government of India

Receipt No : 641915/2017/E-GOVERNANCE

File No. Q- 11013/3/2015-eGov
Government of India
Ministry of Health & Family Welfare
(eGov Division)

Room No. 425-C, Nirman Bhawan,
New Delhi-110011,
Date 01.03.2016

To

The Pay & Accounts Officer (Secretariat),
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.

Sub: Hiring of technical manpower through M/S NICSI in connection with implementation of IHIP pilot and test bed for interoperability.

Sir,

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4.	Programmers assistant	3	12 month	20,799	7,48,764
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2. The expenditure involved is debitable to the Demand No.48- Department of Health & Family Welfare, 2210 Medical and Public Health (Major Head), 06800 other expenditure (Minor Head), 24- New initiative under Central Scheme, 2402- Telemedicine, 240228- Professional services for sanctioned Budget Grant for the financial year 2015-16. Utilization Certificate will be submitted against the fund released.

BARBH 16074673833

1 12A

Receipt No : 641915/2017/E-GOVERNANCE

(214)

3. The Pay & Accounts officer in the Ministry of Health and Family Welfare is requested to make payment direct to their bank i.e. Corporation Bank, CGO Complex Branch, Lodhi Road, New Delhi , A/C No. 037100101010516, IFSC code- CORP0000371 of Rs. of Rs.46,99,520/- (Rs. Forty Six Lakh Ninety Nine Thousand Five Hundred and Twenty only) including all taxes. A copy of filled in mandate form provided by the firm is attached.

4. This sanction issues with the concurrence of Integrated Finance Division vide their Dy. No. C-2441 dated 15.02.2016.

Yours Faithfully,



(Soma Sanyal)

Under Secretary to the Government of India

E-mail: soma.sanyal67@nic.in

Tel. No. 23061203

Copy to:

1. Cash (Health)- Nirman Bhawan, New Delhi.
2. The Director of Audit, Central Revenues, IP Estate, New Delhi.
3. U.S. (FW Budget)
4. M/s NICS (Attention: Shri Vineet Tomar, Deputy General Manager, Hall no. 2 & 3, 6th Floor, NBCC Tower, 15 Bhikaji Cama Place, New Delhi-68
5. Sanction Folder.



(Soma Sanyal)

Under Secretary to the Government of India

213



Jitendra Arora <dir.ehealth@gmail.com>

Allocation of Additional Space to CHI under NIHF W

Jitendra Arora <dir.ehealth@gmail.com>

Thu, Feb 4, 2016 at 2:55 PM

To: "director@nihfw.org" <director@nihfw.org>, dd_a@nihfw.org

Cc: SOMA SANYAL <sanyal_soma@ymail.com>, ANKIT TRIPATHI <ankit_tripathi11@hotmail.com>

Sir,

Centre for Health Informatics (CHI) under NIHF W is nodal agency for implementation of various eGovernance activities of MoHFW like making Government Websites compliant with Guidelines for Indian Government Websites (GIGW), National Identification Number (NIN) of Health Facility across India and development of Integrated health IT Platform (IHIP). For conducting these activities Human resources are being hired and sitting space needs to be arranged.

In this reference, undersigned visited NIHF W on 19th January and a meeting was held with you at 3:00 P.M along with Dr. Sanjay Gupta (*Nodal Officer CHI of NHP*). It was decided that the Room no. 422 will be allocated to the Staff recruited through NICSI for IHIP.

It is requested that the room may be made available at the earliest along with the Technical furniture's for computers/ PCs.

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

Receipt No : 641915/2017/E-GOVERNANCE



Amit Kumar <amitkumariss34@gmail.com>

Fwd: PI Request for- '61159 (MP)('Ministry of Health & Family Welfare, Delhi')

1 message

Wed, Feb 3, 2016 at 6:19 PM

Jitendra Arora <dir.ehealth@gmail.com>

To: Amit Kumar <amitkumariss34@gmail.com>, Ashish Sharma <ashish.sharma.css@gmail.com>

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

—— Forwarded message ——

From: **NICSI-PI DIVISION** <nicsi-pi@nic.in>

Date: Wed, Feb 3, 2016 at 5:49 PM

Subject: PI Request for- '61159 (MP)('Ministry of Health & Family Welfare, Delhi')

To: dir.ehealth@gmail.com, pa1.cgov-nicsi@nic.in, rastogi.sk@nic.in, sunil.bhushan@nic.in

Cc: mohan.pv@nic.in, nicsi-pi@nic.in, vineet.tomar@nic.in

Dear Sir/Madam,

In reference to your request [61159 (MP)] to NICSI-New Delhi, please find attached herewith the copy of the Proforma-Invoice (PI) for the desired ICT Items/Services based on various Empanelment/Agreements in NICSI/NIC.

You are requested to provide the necessary Payments/advance as per the details given in the Proforma-Invoice through RTGS/NEFT (in our account in ICICI Bank) or through Cheque/DD in favour of A/C number as mentioned in the Proforma-Invoice (PI), as per the attached ICICI-Bank Mandate Form.

In case there is a problem in transferring the funds through RTGS/NEFT in the A/C No. mentioned in the PI, then the funds may be transferred using our A/C No:032201002813 and IFSC Code:ICIC0000322 of ICICI-Safdarjung Branch, New Delhi.

In addition to above, please also mention the Amount-Paid along with the DD/Cheque/UTR-number, Date, PI number & other Project information in the attached "Project-Execution Form" and send it to NICSI, New Delhi through concerned NICSI/NIC-Project Coordinator or through email in projects-nicsi@nic.in.

For any other clarification or assistance, the PI Division (nicsi-pi@nic.in) or Project-Opening Division (projects-nicsi@nic.in) or the concerned Project Manager assigned for this request/project at NICSI-New Delhi may be contacted:

Project Manager : Mr. Vineet Tomar

Contact Nos: 011-26767300

email ID: vineet.tomar@nic.in


Receipt No : 641915/2017/E-GOVERNANCE

HOD (PI)
National Informatics Centre Services Incorporated
New Delhi - 110066

3 attachments

 **PEF.doc**
58K

 **ICICI.pdf**
514K

 **PMPDL154654.pdf**
69K

Receipt No : 641915/2017/E-GOVERNANCE

**National Informatics Centre Services Inc.**

(A Government of India Enterprise Under NIC)

Ministry of Communications & Information Technology


Hall No. 2 & 3, 6th Floor, NBCC Tower, 15 Bhikaji Cama Place, New Delhi-66

Tele: 011-26105054, Fax: 91-11-26105212 Email: nic-si-pl@nic.in

PROFORMA INVOICE**(Validity :- For a Period of 2 Months from the date of Proforma Invoice)**

Invoice No.:	PMPDL154654	Ref. No.:	61159(MP)			
Date:	03/02/2016	Ref. Date:	01/02/2016			
To:	Name: Ministry of Health & Family Welfare, Delhi Address: Nirman Bhawan, Delhi, 110003 Contact No.: Email: rastogi.sk@nic.in					
S.No.	Manpower Description	No. of Persons	Required Period (In months/days/hours)	Rate per Month (exclusive of Ser. Tax) (Rs.)	Total Amount (AxBxC)	Empanelled Vendor(s)
		(A)	(B)	(C)	(D)	
1	Senior Programmer Level 2 / Senior Technical Support Engineer / Sr. Testing Engineer / Training Specialist / Document Writer	2	Twelve Month(s)	36,976.00	8,87,424.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
2	Programmers / Technical Support Engineer / Testing Engineer	4	Twelve Month(s)	25,422.00	12,20,256.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
3	Project Manager Level 2	1	Twelve Month(s)	1,03,995.00	12,47,940.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
4	Programmer Assistant	3	Twelve Month(s)	20,799.00	7,48,764.00	E Centric Solutions P Ltd., Silver Touch Technologies Ltd., Velocis Systems Pvt. Ltd.
Total(Rs.)					41,04,384.00	
(i) Payment can be made through RTGS/NEFT in NICSI's account in ICICI BANK IFSC Code: ICIC0000104 A/C No.: NICSIPMPDL154654 Branch: ICICI BANK CMS OR through A/C Payee Demand Draft/ Cheque in favour of NICSIPMPDL154654 Payable at ICICI BANK, New Delhi				(1) Total Amount (D)	41,04,384.00	
OR				(2) Service Tax Payable @14.00% on (1)	5,74,613.76	
(ii) Payment can be made through RTGS/NEFT in NICSI's account in Corporation Bank IFSC Code: CORP0000371 A/C No.: 037100101010516 Branch: CGO Complex Lodhi Road New Delhi OR through A/C Payee Demand Draft/ Cheque in favour of 037100101010516 Payable at Corporation Bank, New Delhi				(3) Swachh Bharat Cess @ 0.5%	20,521.92	
Service Tax Registration No.: AAAGN2185JST001				Gross Amount Payable (1+2+3)	48,99,520.00	
TIN No.: 07750192265				Rupees : Forty Six Lakh Ninety Nine Thousand Five Hundred Twenty only		
PAN No.: AAAGN2185J						
Note: In Case of any query or clarification in the Proforma-Invoice (PI), the concerned Project Manager Mr. Vineet Tomar at NICSI-New Delhi shall be contacted. The Contact No. 011-26767300, 011-26105054 and email-id is vineet.tomar@nic.in						
Terms & Conditions						
S.No.						
1	The above Prices are inclusive of NICSI's Operating Margin @ 7% (NICSI's Operating Margin slabs are @7% for PI value up to 50 Cr., @5% for PI Value above 50 Cr.)					
2	Any modification in the item description is to be intimated to NICSI and the respective rates may vary depending upon the change/modification request.					

Receipt No : 641915/2017/E-GOVERNANCE

3	<p>Procedure for the Selection of Vendor/Agency from the List of NICSI Empanelled vendors/agencies for award/assignment of work:</p> <p>Case-I : (Name of vendor/agency selected directly) In case the client/User-Department clearly and specifically recommends in writing the name of a particular vendor/agency from the list of NICSI Empanelled vendors/agencies, then NICSI may assign the work to that vendor/agency.</p> <p>Case-II : (Name of vendor/agency selected through committee)</p> <ol style="list-style-type: none"> In case the Client/User-Department does not indicate any particular vendor/agency from the list of NICSI empanelled vendors/agencies, the work would be awarded as per the recommendations of a Committee to be set up by the client/user-department. The Committee would be headed by a Chairperson nominated from the client/user-department concerned and would include a representative of NICSI as well. All the empanelled vendors/Agencies would be invited by the Committee to make their presentations regarding the proposed work/project under consideration. The presentations shall be evaluated objectively and on the recommendation of the Committee, the most suitable vendor/agency shall be assigned the work by NICSI. There should be full participation and involvement of the client/User-Department in the process of selection of vendor/agency for award/assignment of work.
4	Appointment letters/experience-certificates will be provided by NICSI empanelled agency/vendor to the deployed support professionals/manpower.
5	Deployment of manpower will be made within 15 days from the date of placement of work-order by NICSI.
6	In case of revision in the rates of any tax, the applicable rate will be the rate in force as governed by Tax-Laws. However the difference if any may be settled at the time of raising the final bill to user-department/client.
7	In case TDS is being deducted, the TDS certificate should be provided along with the covering letter to NICSI indicating the amount of TDS deducted, otherwise the work-order would be issued for the lesser period, i.e. equivalent to funds received.
8	In case there is revision of rates during the period of empanelment/contract, revised rates will be applicable. In case there is revision of rates due to expiry of the empanelment, the rates at the time of placing the work-order will be applicable.
9	It will not be possible for NICSI to process the cases of manpower-hiring/extension, which are more than one month old from date of receipt of advance in NICSI.
10	Joining-certificate/Leaving-certificate of the deployed/hired manpower will be issued by the user-department/client to the empanelled agency/vendor for disbursing their salary based on that.
11	Manpower through empanelled agencies/vendors will be provided for a minimum period of 6 months unless it is an extension of existing work-order. There is no employment obligation either on NICSI or its user-departments/clients by the hired/deployed manpower. NICSI does not take any responsibility for job completion by hired/deployed manpower.
12	Medical or any other allowances to the deployed/hired manpower will be borne by the empanelled agency/vendor (applicable in the case of Data-entry-operator manpower).
13	NICSI will send the copy of work-order on behalf of the user/client to the short-listed agency/vendor and for faster deployment of manpower, the vendor's representative may get in touch with the user-department/client.
14	Placement of work-order shall be after receiving 100% Advance Payment from user-department/client through RTGS/NEFT or Demand-Draft/Cheque, as per the details mentioned above. (Charges towards the Demand Draft is to be borne by the user/client).
15	The rates of deployed/hired manpower, which are based on Minimum Wages Act, will be revised according to change in the Minimum Wages Act from time to time.
16	The type of manpower mentioned in the PI may not match exactly as per your request/requirement. Therefore the PI may be examined thoroughly by the User-department/Client before placing the order to NICSI.
17	While placing the order to NICSI, the complete details of the user-department/client (including the location where the manpower is to be deployed) viz. name, address, contact numbers and e-mail address are to be mentioned.
18	User-department/client should send the "Monthly Performance Report" of each individual (deployed/hired manpower) to NICSI empanelled agency/vendor on the last working day of the month through e-mail/post to enable them to release their salary within 10 days of the receipt of this report. In case report is not provided by 5th of succeeding month, the vendor will process the salary of the hired/deployed manpower in the subsequent next month.
19	User-departments/clients shall not hire any person without any Appointment Letter issued by NICSI empanelled agency/vendor against the work-order of NICSI. User-departments/clients will inform the date-of-joining in each case to NICSI and to the empanelled agency/vendor. In case a deployed/hired manpower leaves in between or does not turn up without any information, NICSI and NICSI empanelled agency/vendor shall be informed for providing the substitute.
20	NICSI issues P.I duration based on complete man month, however in the case of partial calendar month of deployment, Work Order will be issued for the calendar period regulated within the actual amount received against P.I Issued.
<p>E & OE</p> <p>For prompt service, you may like to attach the copy of this Proforma-Invoice (PI) along with your Letter/ Purchase-order.</p> <p>Date: 03/02/2016</p> <p style="text-align: right;">For National Informatics Centre Services Inc.</p> <p style="text-align: right;">  (Authorized Signatory) </p> <p style="text-align: center;">"For any query, please contact NICSI Helpdesk: 011-26105054,26767300, nic-si-pl@nic.in"</p>	


ICICI Bank

Electronic Clearing Services (Credit Clearing/Real Time Gross Settlements)

RTGS/NEFT Facility for Receiving Payment
Bank Details of Account Holder

1	Name of the Company	National Informatics Centre Services Incorporated, New Delhi
2	Bank A/c No.	16 digits Dynamically-Generated Account Number starting with "NICS" as mentioned in respective Proforma-Invoice (PI) issued by NICS.
3	RTGS/NEFT IFSC Code	ICIC0000104
4	Name of Bank	ICICI Bank Ltd.
5	Branch Type	CMS, Bombay
6	Account Type	Savings
7	MICR No.	110229044
8	Email-id of NICS	nicsi-account1@nic.in
9	Email-id of the Bank	dhiraj.sh@icicibank.com, bharat.gaur@icicibank.com
10	Telephone No of Bank	8527693553, 9971519777
11	Address of Bank	ICICI Bank Safdarjung Branch A-1/15, Safdarjung Enclave, New Delhi-110029

Date of effect: 12th Feb' 2014

I hereby declare that the particulars given are correct and complete.

Signature of the Authorized Officer from the Bank with seal


ICICI Bank Limited
 A-1/15,
 Safdarjung Enclave,
 New Delhi-110029

 Tel. : 011 41654189
 011 41654193
 Fax : 41650001
 Website www.icicibank.com

 Regd. Office : "Landmark", Race Course Circle,
 Vadodra-390007
 Corp. Office : ICICI Bank Towers, Bandra-Kurla
 Complex, Mumbai 400051, India

PROJECT EXECUTION FORM

(A) Department Details:								
1.	Name of the Department:							
2.	Complete Correspondence Address:							
3.	Contact Person Details of User Department Like Name, Designation, Phone, email-id etc		Name:		Desig:			
Mobile:			Phone:					
Fax :			E-mail:					
(B) Details of Proforma-Invoice(s) of NICSI against which the Advance is being given:								
4.	PI Number:							
5.	PI Date:							
6.	PI Total Amount:							
(C) Details of Advance released to NICSI:								
6.	DD/Cheque/RTGS/NEFT Number:							
	Date:							
	Bank Name/Branch:							
	Amount Given:							
	Amount of TDS (deducted if any):							
(D) Details of Item(s)/Service(s) for which Purchase/Work order is (are) to be issued								
7.	(a) In case of supply of Hardware/Software/networking & other items: (use separate sheet if items are more)							
	Sr.No.	Item Details (or mention only the SNo of the item as per the PI)		Quantity	User Preferred Vendor (to be selected from the PI against each item)			
	(b) In case of Hiring of Manpower/Services: (use separate sheet if items are more)							
	Sr. No.	Item Details (or mention only the SNo of the item as per the PI)	Details of No. of increments (if any)	Quantity	Period (Months/ year)	From Date	To Date	User Preferred Vendor (to be selected from the PI against each item)
8.	Delivery Address: (in case of multiple Locations, Location wise address and quantity of items to be delivered need to be specified/enclosed in a separate sheet)		Contact Person Name					
Designation								
Complete Address								
Phone No :-								
Mobile :-								
			e-mail :-					
(E) NICSI Project Details:								
9.	NICSI Project No: (in case this advance is to be booked in existing project else leave blank):							
10.	Name of NIC/NICSI Project Coordinator, if any (with Designation, Phone, email-id etc)		Name:		Desig:			
Mobile:			Phone:					
Email:								
11.	Any additional Details, if any:							

(Signature & Stamp)

Receipt No : 641915/2017/E-GOVERNANCE



Amit Kumar <amitkumariss34@gmail.com>

Manpower details and rate contract for test bed for interoperability-

1 message

Jitendra Arora <dir.ehealth@gmail.com>

Fri, Jan 29, 2016 at 2:06 PM

To: Sunil Kumar <sunil.bhushan@gov.in>, Sanjay Rastogi <rastogi.sk@nic.in>

Cc: Amit Kumar <amitkumariss34@gmail.com>

Dear Sir,

This is regarding hiring of 10 Technical Personnel for support for test bed for interoperability implementation per email dated 7th January 2016 from Senior Technical Director, NIC.

Following Manpower has been approved. according to the approved rates contract for Technical Manpower Services under NIC- Industry Partnership Program for e-Governance Projects (Cat-B) against Tender No. NIC/TPS/2014/17- Rate Contract

for support services under test bed projects :

Estimated cost of manpower for support services under test bed for interoperability					
S. No	Type of Manpower	No. of persons required	Hiring Period (in months)	Unit Price (Per man month)	Total Cost (Rs)
1	Project Manager Level-2	1	12	97191	1166292
	Sr. Programmer level-2	2	12	34556	829344
	Programmer	4	12	23757	1140336
	Programmer Assistant	3	12	19438	699768
	Total	10			38,35,740

Kindly obtain PI for further n.a.

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare

Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

File No. Q-11013/3/2015-eGov(Pt1)

Government of India / भारत सरकार

D/o Health and Family Welfare/ स्वास्थ्य एवं परिवार कल्याण विभाग

e-Governance Section /(ई गवर्नेस अनुभाग)

निर्माण भवन, नई दिल्ली

दिनांक: 28 जनवरी, 2016

ORDER

Subject: Constitution of committee for discussions/ deliberations on leveraging NOFN/ BharatNet connectivity for service delivery in MoHFW.

During the National Consultation on ICT initiatives held under the Chairmanship of Shri K.B. Agarwal, AS (eGov), MoHFW on 02.11.2015; it was decided to constitute a committee for discussions/ deliberations on how MoHFW can leverage NOFN/ BharatNet connectivity for service delivery.

2. With approval of Secretary (HFW), it has been decided to constitute a committee with the following composition for the aforementioned purpose:

(i) Joint Secretary (eGovernance)

Chairman

(ii) Deputy Secretary (NHM)

Member

(iii) Representatives from the states of

Members

Chhattisgarh, Chandigarh, Kerala & Karnataka

(iv) Shri Sunil Kumar, STD, NIC.

Member

(v) Director (eGov/ Telemedicine)

Member Secretary

(सोमा सान्याल)

अवर सचिव (ई-गवर्नेस)

फोन : 23061203

To:

All members of the Committee

Copy to:

PS to Shri K. B. Agarwal, AS, MoHFW

Receipt No : 641915/2017/E-GOVERNANCE

Subject: Seeking an appointment regarding integration of "e-Health services" and "Digital India program" : Minutes of Consultation with States/UTs on eGovernance held on 02.11.2015

Date: 01/12/16 02:55 PM

From: Jitendra Garg <gmbdcor@gmail.com>

To: sunil.sharma62@gov.in

Cc: asfnd.kb@gmail.com, ast-dot <ast-dot@nic.in>,
Anil Kumar Gupta <akguptaits@gmail.com>,
DEEPAK SHARMA <gmsservices.bbnl@gmail.com>,
Rahul Nayar <rahul.nayar@nisg.org>,
PK PANDA-GMTX-2 <gmtx2.bbnl@gmail.com>

Office of Joint Secretary (SS)

PTS No. 174654/16
Date 12/11/16

Sir, (JS e-governance, MoHFW),

I am awaiting your response on the trailing mail. It is needlessly to say that "Digital India" program can facilitate e-health services in rural area. Both of our ministry have to march together to realise the dream of "e-Health services" and "Digital India" program.

Kindly give us an appointment to appraise you about the status of Digital India and further explore the opportunity of integration of e-health services with Digital India.

Thanks & Regards
Jitendra Garg
GM(BD)
BBNL CO
9868132408

JS(e-Gov) - a.k
Dir(e-Gov)

AD/P Gov
JF

On Fri, Dec 4, 2015 at 12:49 AM, Jitendra Garg <gmbdcor@gmail.com> wrote:

Sir, (JS e-governance, MoHFW)

Kindly refer to the above consultation held with states /UTs under the aegis of MoHFW on 2nd Nov 2015 in which BBNL had briefed the participants about the plan of NOFN and its current status. It was also decided that a committee may be constituted under your chairmanship to decide how MoHFW can leverage NOFN / Bharat Net connectivity for health service delivery.

It is right time to harmonize the State Government approach with MoHFW and DoT/BBNL approach for pushing the health applications /services in rural area by using NOFN under "Digital India" programme, BBNL has already provided the complete connectivity in Karnataka, Kerala, Pondicherry & Chandigarh and GPs of many other states. Details are available on www.bbnl.nic.in under "active GPs" tab.

In view of the above, we invite the committee members to visit BBNL HQ for convening the meeting. BBNL would also like to participate in the meeting and brief the members about the latest development happening in the NOFN/BharatNet project and take forward the decision of the committee for effective utilization of the NOFN in health sector.

Receipt No : 641915/2017/E-GOVERNANCE

We are looking forward your co-operation in this regard.

Thanks & Regards

Jitendra Garg

GM(BD & COR)

BBNL CO

9868132408

203

On Fri, Dec 4, 2015 at 7:44 AM, ast-dot <ast-dot@nic.in> wrote:

Mr Garg, Mr Nayar

May please coordinate to convene meeting of JS(e-governance) committee in MoHFW to discuss the way forward. Meeting may be in HFW or BBNL as in convenient to AS(e-Governance) Js(e-governance) MoHFW.

N Sivasailam

Additional Secretary

Department of Telecom

Government of India

Off: +91-11-23717300

Fax: +91-11-23036785

Res: +91-80-25727650

Mob: +919448990310

Sent from my iPad

On 01-Dec-2015, at 10:44, Pramod Kumar Panda <gmtx2.bbnl@gmail.com> wrote:

Forwarded for kind perusal of Administrator USOF and AS(T) sir please,

Regards,

P.K Panda

OSD to CMD BBNL

----- Forwarded message -----

From: Jitendra Garg <gmbdcor@gmail.com>

Date: Mon, Nov 30, 2015 at 10:39 PM

Subject: Fwd: Minutes of Consultation with States/UTs on eGovernance held on 02.11.2015

To: PK PANDA-GMTX-2 <gmtx2.bbnl@gmail.com>

Cc: ast-dot@nic.in, bkmittalin <bkmittalin@yahoo.co.in>

Dear Mr Panda,

It is to inform you that a full day consultation was held with select states/UTs on eGovernance initiatives in the respective states/UTs, in MoHFW, Nirman Bhawan, New Delhi on 2nd November 2015 under the chairmanship of Shri. K.B. Agarwal, Additional Secretary (eGovernance) from 9.30 A.M in Room No.249, A-wing). Please find attached the minutes of the same.

As indicated in the attached MoM, a committee has been constituted by MoHFW for utilization of the NOFN in health applications.

Thanks & Regards

Jitendra Garg

GM(BD & COR)



eGovernance Division

MoHFW

Subject: Consultation with States/UTs on eGovernance Initiatives held on 2nd November, 2015

1. A full day consultation was held with select states/UTs on eGovernance initiatives in the respective states/UTs, in MoHFW, Nirman Bhawan, New Delhi on 2nd November 2015 under the chairmanship of Shri. K.B. Agarwal, Additional Secretary (eGovernance) from 9.30 A.M in Room No.249, A-wing). The list of participants is provided at **Annexure I**.
2. The objective of this consultation was to understand the current status of the eGovernance initiatives in the states/UTs, to facilitate sharing of experience among states, to take learning and identify the good solution(s) for replication/adoption elsewhere.
3. The representatives from states/UTs made detailed presentations on various eGovernance initiatives being implemented in the respective states/UTs, followed discussion/deliberation covering aspects like beneficiary coverage, outcomes, conformance to (eGovernance and Health IT) standards, protocol for privacy & security of data, challenges faced, learning etc.
4. Shri Sunil Bhushan, STD,NIC briefed the participants regarding the requirement of unique identification number to be assigned to each and every health facilities in the country in order to facilitate interoperability between different health IT systems. He further mentioned that MoHFW was working in this direction for creation and assigning National Identification Number (NIN) to health facilities, which is in conformance with Metadata & Data Standards by DeitY.
5. The representative from ESI Corporation, Shri S K Garg, Additional Commissioner, ESIC made a presentation on Hospital Information System implemented in the Corporation and shared its experience/learning. He highlighted the practices being followed in the Corporation for creation of EMR and sharing of medical records between the network hospitals & dispensaries.
6. Shri Jitendra Garg, General Manager, BBNL briefed the participants about the plan of NOFN (now being restructured as Bharat Net) and its current status. He mentioned that as on date NOFN has been operationalized in the states of

Karnataka, Kerala, Pondicherry & Chandigarh. Further, he requested MoHFW to delineate its requirements in terms of bandwidth at the different levels of usage.

7. After detailed deliberation, the following decisions were taken:

- a) States may involve research institutions and academia in health data analytics.
- b) States should endeavor to ensure assignment of Unique IDs to health facilities, practitioners and patients, which is one of the key requirements for establishing interoperability between different Health IT systems.
- c) Shri Sunil Bhushan, STD, NIC may draft a note on NIN (including roles of centre and states) to be circulated to states/UTs for feedback/suggestions.
- d) Shri Sunil Bhushan, STD, NIC may facilitate the States/UTs in adopting/ roll-out of eHospital (cloud-based application) and Online Registration System (ORS) in hospitals/health facilities in their respective states.
- e) A committee may be constituted for discussion/deliberation on how MoHFW can leverage NOFN / Bharat Net connectivity for service delivery. The committee may include the following participants:
 - i. Joint Secretary (eGovernance)
 - ii. Representative from NIC
 - iii. Representatives from the states of Chhattisgarh, Chandigarh, Kerala & Karnataka
 - iv. Director (eGovernance)
 - v. Director (Telemedicine)
 - vi. Director (Statistics)
- f) A pilot project for integrating TB program with ASHA Soft application may be undertaken in Rajasthan. Shri. Sunil Bhushan, STD, NIC along with officials from Central TB Division, MoHFW, New Delhi may coordinate with Mission Director, Rajasthan to finalize the other details in a time bound manner.
- g) The representative of Tamil Nadu may share the project details of State Health Data Resource Centre with eGovernance Division of MoHFW.
- h) Shri. Suptendra Sarbadhikari, PD, CHI may upload the presentations made by the various states/UTs on the National Health Portal and provide the required links on NHP to states' portal for details on the eGovernance initiatives

Receipt No : 641915/2017/E-GOVERNANCE



Annexure I : List of participants

S.No	Name	Designation	Official Address	E-mail id
1.	Shri K.B. Agarwal	AS (eGov)	MoHFW	Asfnd.kb@gmail.com
2.	Shri Sunil Sharma	JS (eGov)	MoHFW	Sunil.sharma62@gov.in
3.	Shri Ayyaj Tamboli	MD NHM Chhattisgarh	Indrawali Bhawan, Naya Raipur	ayyajtamboli@yahoo.com
4.	Shri Naveen Jain	MD, NHM	NHM Building jaipur	N_j2@rediffmail.com
5.	Shri S K Garg	Additional Commisioner	ESIC HQ, New Delhi	Sk.garg@esic.in d.lahiri@esic.in
6.	Dr. M Senthil Kumar	DD (NRHM)	NHM- Tamil Nadu, Chennai	Srhm.tn@nic.in trainingsrhm@gmail.com
7.	Shri B Rajasekhara Reddy	Dy. Director	O/o Commissioner, HFW, Hyderabad, Andhra Pradesh	ddmiscfw@gmail.com
8.	Dr. Manoj Yadu	GM(MIS)	SPMIS, NHM-UP	gmmisnrhm@gmail.com
9.	Shri Jitendra Garg	GM(BD)	BBNL	gmbdcor@gmail.com
10	Shri Sunil Kumar	Senior Technical Director	NIC, MoHFW	sunil.bhushan@gov.in
11	Dr. Sunil R. Avashia	Additional Director	Com of health	Adddir.mediser@gujrat.gov.in
12	Dr. Badri Vishal	Additional Director, Medical Care	DGMS office UP	Director.medical.care.up@gmail.com Badreevishaal@gmail.com
13	Ms Sunita Dhaundiyal	Under Secretary(eGov)	Room No 502-D Nirman Bhawan	sunitadhaundiyal@gmail.com

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S.No	Name	Designation	Official Address	E-mail id
14	Shri S. N. Sarbadhikari	Project Director, CHI of NHP	NIHFW, Munirka New Delhi	Supten@gmail.com
15	Shri Ankit Tripathi	Additional Director	NIHFW	at@nihfw.org
16	Shri Kartikeyan Loganathan	ICT Specialist	TSU, Lucknow, UP	Kartikeyan.l@ihat.in
17	Shri R. Palanivelan	Assistant Director	NHM- Tamil Nadu, Chennai	Srhnm.tn@nic.in
18	Shri Pankaj Rahi	State programme manager, IT and HMIS	O/o MD, NHM, DHS, Chandigarh	Mdnrhm-chd@gmail.com
19	Shri Chandrasen	Project Lead	517 D Nirman Bhawan	chandrasens@deloitte.com

Estimated cost of manpower for support services under eOffice & EHR projects

Sno.	Name of Project	Type of Manpower	No. of persons required	Hiring Period (in months)	Unit Price (Per manmonth)	Total Cost (Rs)
1 eOffice Project						
		Project Manager Level-1	1	12	75593	907116
		Sr. Programmer level-2	2	12	34556	829344
		Programmer	4	12	23757	1140336
		Programmer Assistant	8	12	19438	1866048
		Total				4742844

2 EHR based integration project						
		Project Manager Level-2	1	12	97191	1166292
		Sr. Programmer level-2	2	12	34556	829344
		Programmer	4	12	23757	1140336
		Programmer Assistant	3	12	19438	699768
		Total				3835740
		Grand Total				8578584

NOTE:-

1 Unit Price (rate per manmonth) has been taken from NIC Rate contract for technical manpower. services under NIC-Industry Partnership Program for e-government projects (CAT-B) against Open tender No. : NIC/TPS/2014/17-rate contract dated 10-12-2014

2 Service Tax and other applicable taxes extra

3 Empanelment is expired and rate may vary in new empanelment.

4 Sitting space would also be required for above manpower.

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If the Agency has been engaged as per the provisions of section 1.2 at Scope of the Contract, payments will be made on completion of milestones as per the project plan accepted by NIC.

5 General Conditions:

- 5.1 NIC will not be responsible for any misinterpretation or wrong assumption by the Agency.
- 5.2 No interest shall be payable for the Earnest Money Deposit and the No deviations from Rate Contract/- Tender terms and conditions will be accepted.
- 5.3 In case the empanelled vendor is found in breach of any condition(s) of tender or supply order, at any stage during the course of supply / installation / commissioning or on-site warranty or software subscription period EMD / Security Deposits will be forfeited. Further NIC reserves the right to initiate legal action as per Govt. rule/laws and also debarring the defaulting agency concerned from participating in NIC Tenders for three years.

6 Security Deposit & Performance Guarantee:

- 6.1 EMD of the empanelled Agency shall be refunded on receipt of Security Deposit of equivalent amount in the form of Bank Guarantee of any Nationalized / Commercial bank drawn in the name of National Informatics Centre, New Delhi valid for 27 months.
- 6.2 Agency shall furnish additional Performance guarantee for every purchase/work order equivalent to 20% of the purchase/work order value in the form of Bank Guarantee of any Nationalized / Commercial bank drawn in the name of National Informatics Centre for the period specified in the purchase/work order + 03 months within 15 calendar days of acceptance of purchase/work order.

7 Indemnity:

Agency shall indemnify the NIC/User department against all third party claims of infringement of patent, trademark/copyright or industrial design rights arising from the use of the supplied software/ hardware/manpower etc. and related services or any part thereof. NIC/User department stand indemnified from any claims that the hired manpower may opt to have by virtue of working on the project for whatever period. NIC/User department also stand indemnified from any compensation arising out of accidental loss of life or injury sustained by the hired manpower while working on the project.

8 Termination of Contract:

8.1 Termination for Insolvency:

NIC may at any time terminate the purchase order / contract by giving written notice of four weeks to the empanelled Agency, without any compensation to the Agency, if the Agency becomes bankrupt or otherwise insolvent.

8.2 Termination for Default:

8.2.1 Default by Vendor

8.2.1.1 Default is said to have occurred:

- i. If the agency fails to deploy any or all of the services defined in the tender / work order within the specified time period(s) or any extension thereof granted by NIC;
- ii. If the agency fails to perform any other obligations(s) under the contract and/or any of the statutory requirements under the rules and regulations of the Govt.;
- iii. If the agency, in either of the above circumstances, doesn't not take remedial steps within a period of 30 days after receipt of the default notice from NIC (or takes longer period in spite of what NIC may authorize in writing), NIC reserves the right to terminate the contract / work order in whole or in part, as deemed appropriate. Security Deposit of such defaulting agency(s) shall be forfeited and the defaulting agency shall be debarred from participating NIC Tenders for a period of three years; and
- iv. In addition to above, NIC may at its discretion may get the work done at the cost and risk of such defaulting agency and the defaulting agency shall be liable to compensate NIC for any extra expenditure involved to complete the scope of work in totality. In addition the defaulting agency shall also be liable to pay 10% of the work order as cancellation charges for each unexecuted order.



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**9. Employee Verification:**

- 9.1 All the manpower deployed by the agency may be subjected to proper background verification check for Date of Birth, Educational Qualifications, and Experience and police verification of antecedents.
- 9.2 The agency shall submit the background verification report as mentioned above for each manpower to be deployed on the project along with the acceptance letter of the work order.

10. Responsibilities of the Agency:

- 10.1 The manpower required is to be deployed by the Agency within two week of issue of the work order or as specified in the work order.
- 10.2 (a) If due to any unavoidable circumstances the deployed manpower needs to be replaced / changed then the agency will ensure complete knowledge transfer during the replacement ensuring continuity of the project.
(b) The agency will give one month notice prior to replacement of any resource manpower.
- 10.3 Agency will provide resources after proper screening by conducting test/Interview and share its screening process/marks with NIC. If after repeated three screening attempts the Agency fails to provide the suitable candidates, the order may be cancelled.
- 10.4 The agency is liable for damages on account of any violation by the employees deployed under the Information Technology Act and other prevalent laws of the country.
- 10.5 Agency shall provide an undertaking for the implementation of Data Confidentiality and privacy of the projects undertaken.
- 10.6 In case, the person employed by the Agency commits any act of omission/commission that amounts to misconduct/indiscipline/incompetence, the Agency will be liable to take appropriate disciplinary action against such persons, including their removal from the site of work / project and any other necessary action as required by NIC and provisions of the legal framework of the country.
- 10.7 The Agency shall replace immediately any of its personnel who are found unacceptable to this Department because of security risks, incompetence, conflict of interest, improper conduct etc. upon receiving a notice from NIC.
- 10.8 During the engagement period of the hired manpower, the agency will not re-deploy the hired manpower from one NIC project where he/she is currently deployed to another project as same or higher level manpower resource during the period of the work order. If any manpower is required to be moved to other NIC project, agency will take NOC from the HOD of the current engaged project.

11. Liability of the Agency:

- 11.1 Agency shall be liable for all acts of omissions and commission by its employees deployed under this empanelment and NIC stand and insulation against aggrieved third-party complaints against any civil or criminal actions of the service provider or its employees.
- 11.2 Agency to indemnify for non-compliance with the specifications given to create the software, for any intellectual property infringement of any third party; for any employee-related claims, for any personal injury or property damages, etc.
- 11.3 The total penalty that can be levied on the vendor shall not exceed the work order value.

12. Force Majeure:

If at any time, during the continuance of this contract, the performance in whole or in part by either party of any obligation under this contract is prevented or delayed by reason of any war, hostility, acts of public enemy, civil commotion, sabotage, fires, floods, explosions, epidemics quarantine restrictions, strikes, lockouts or acts of God (hereinafter referred to as "events"), provided notice of happenings of any such event is duly endorsed by the appropriate authorities/chamber of commerce in the country of the party giving notice, is given by party seeking concession to the other as soon as practicable, but within 21 days from the date of occurrence and termination thereof and satisfies the party adequately of the measures taken by it, neither party shall, by reason of such event, be entitled to terminate this contract, nor shall either party have any claim for damages against the other in respect of such nonperformance or delay in performance, and deliveries under the contract shall be resumed as soon as practicable after such event has come to an end or ceased to exist and the decision of the purchaser as to whether the deliveries have



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so resumed or not, shall be final and conclusive, provided further, that if the performance in whole or in part or any obligation under this contract is prevented or delayed by reason of any such event for a period exceeding 60 days, the purchaser may at his option, terminate the contract.

13 Arbitration:

13.1 If a dispute arises out of or in connection with this contract, or in respect of any defined legal relationship associated therewith or derived there from, the parties agree to submit that dispute to arbitration under the ICADR Arbitration Rules, 1996.

13.2 The Authority to appoint the arbitrator(s) shall be the International Centre for Alternative Dispute Resolution (ICADR).

13.3 The International Centre for Alternative Dispute Resolution will provide administrative services in accordance with the ICADR Arbitration Rules, 1996.

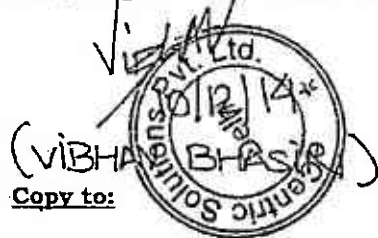
14 Applicable Laws:

14.1 The Agency shall be governed by the laws and procedures established by Govt. of India, within the framework of applicable legislation and enactment made from time to time concerning such commercial dealings/processing.

14.2 All disputes in this connection shall be settled in Delhi jurisdiction only.

All terms and conditions mentioned in the tender No. NIC/TPS/2014/17 shall be ipso facto applicable. Acceptance of all the terms and conditions of the tender/rate contract may be forwarded to the undersigned within (7) Seven days from the date of issuance of this letter.

Received & ACCEPTED

Copy to:

1. DD (PP)
2. SO (TSS)
3. DD (Courtis)
4. User Group
5. GM (Tender-NICSI)
6. Guard File
7. All HODs/SIOs.....through Intranic

Yours faithfully,

Shay 10/12/14

(Dhanraj Meshram)

Joint Director

Tel# 24305458

Email: tenders.section@nic.in

o/c

**Fwd: Re: manpower details for NIN and eOffice**

1 message

Jitendra Arora <dir.ehealth@gmail.com>

Thu, Jan 7, 2016 at 3:08 PM

To: Amit Kumar <amitkumariss34@gmail.com>, Ashish Sharma <ashish.sharma.css@gmail.com>

Put on file

----- Forwarded message -----

From: "Sunil Kumar" <sunil.bhushan@gov.in>

Date: 7 Jan 2016 15:03

Subject: Re: manpower details for NIN and eOffice

To: "Jitendra Arora" <dir.ehealth@gmail.com>, "Sanjay Rastogi" <rastogi.sk@nic.in>

Cc:

On 01/07/16 02:58 PM, **Jitendra Arora** <dir.ehealth@gmail.com> wrote:

Dear Sunil

I have not received the email regarding manpower details for NIN and eOffice

Regards

Jitendra Arora

Director(eHealth)

Ministry of Health and Family Welfare

Nirman Bhawan (Room 307D)

New Delhi - 110108.

+91-11-23062317 (Telefax),

+91-9868453680(Mobile)

सुनील कुमार Sunil Kumar

वरिष्ठ तकनीकी निदेशक Senior Technical Director

राष्ट्रीय सूचना-विज्ञान केन्द्र National Informatics Centre

भारत सरकार Government of India

मोबाइल: +९१-२८१०९०१३०२ Mobile: +91-9810901302

कार्यालय दूरभाष : +९१-११-२४३०५७६० Land Line O : +91-11-24305760

ई-मेल E-mail : sunil.bhushan@nic.in

2 attachments**estimation_manpower_060116.xlsx**

13K

**Cat_B_empanelment_I1.pdf**

2009K

No.Z-28015/1/2016-Estt.I

Government of India

Ministry of Health & Family Welfare

(Department of Health & Family Welfare)

Nirman Bhawan, New Delhi

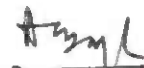
Dated : 08.01.2016

OFFICE MEMORANDUM

Sub: Minutes of the meetings taken by Secretary (H&FW) with Senior Officers on 31.12.2015 and 04.01.2016.

The undersigned is directed to circulate the Minutes of the meetings taken by Secretary (HFW) with Senior Officers on **31.12.2015 and 04.01.2016** for information and appropriate action.

2. This issues with the approval of Secretary (H&FW).



(A K Singh)

Under Secretary to the Govt. of India

Tel : 2306 1323

Encl.: a/a

To :-

1. DGHS, Spl. DGHS
2. AS & MD (NHM), AS & DG (CGHS), AS & FA, AS (H), AS (KBD) and Addl. DG (Stats.)
3. All Joint Secretaries, CCA, Economic Advisor, Director (CGHS) and DG&CEO (CMSS)
4. DS (Admn.)
5. Advisor (Parliament).

Copy for information to:

PS to Secretary (HFW)

AD/Phw)

on file

JHm

11/1/16

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Minutes of the Meeting of Secretary (HFW) with Senior Officers on 31st
December, 2015

A meeting of the Senior Officers was chaired by Secretary (H&FW) on 31.12.2015 at 10:00 A.M. The list of participants is given at Annexure.

1. EXPENDITURE

- 1.1 The overall expenditure as on 30.12.2015 was 73.58% of the Annual Budget (72.21% - Plan; 80.17% - Non-Plan). With regard to NHM, the overall expenditure was 78.09%. Secretary (HFW) expressed satisfaction over the pace of expenditure.
- 1.2 Issue of release of ₹ 35 crore allocated for tertiary care under Mental Health Programme was also discussed and Secretary desired to finalize the release proposals expeditiously.

2. OTHER MATTERS

- 2.1 AS&FA flagged the issue of details of consultants engaged in this Ministry for furnishing to the Department of Expenditure.
- 2.2 AS&FA also flagged the requirement of Department of Expenditure for furnishing detailed information with respect to foreign tours undertaken by the officers of this Ministry.
- 2.3 Updating the issue of recruitment of Persons with Disabilities, EA informed that a meeting with all the organizations has been scheduled on 18.01.2016 to review the position.
- 2.4 Secretary (HFW) referred to the oral evidence before Petition Committee scheduled on 05.01.2016, in the matter of the withheld payment of a security agency by LHMC, and desired for updated status of the case.
- 2.5 It was informed that the Annual Reports of 17 autonomous institutions could not be laid on the table of both the Houses in the Winter Session. Secretary (HFW) desired to take appropriate action to ensure laying of the Annual Reports in the next session of Parliament.
- 2.6 AS (H) flagged the issue of revision of recruitment rules as requested by UPSC, to draw attention of all the JSs towards the issue and for furnishing of requisite information to UPSC in the prescribed proforma in the time bound manner.

3. AS (KBA) briefed the Secretary (HFW) about goal and objectives envisaged for eHealth initiatives by the Ministry. This was followed by a presentation by JS (SS) on the detailed plan encompassing ongoing and envisaged initiatives, plan – target & timeline, financials and the challenges to be addressed for effective and efficient implementation of eHealth. Following decisions were taken in the meeting:
- 3.1 Web portal for online application & generation of 'National Identification Number (NIN)' to health facilities' may be launched in March 2016.
- 3.2 Revision of EHR Standards may be made.
- 3.3 Selected hospitals having successfully implemented EMR/EHR System may be visited for study of the system.
- 3.4 CDAC, Pune may be impressed upon for early release of SNOMED CT and its wider adoption in the country should be targeted.
- 3.5 Drafting of 'Legislation for Electronic Health Data Privacy & Security' may be completed with a timeline by June 2016.
- 3.6 For implementation of 'Integrated Health Information Platform (IHIP)' pilot of health information exchange between hospitals and test bed for interoperability may be carried out and be completed in 6 months i.e. by June 2016. NIC may be assigned to undertake the tasks related to the interoperability test bed. For this NIC may be provided with required resources, such as manpower, office space & financials.
- 3.7 Online Registration System (ORS) should be up-scaled targeting atleast 35 hospitals by May 2016. DGHS may push up implementation of ORS in all the central government hospitals in Delhi by March 2016.
- 3.8 Cloud based 'e-Hospital' application by NIC may be promoted for adoption by more number of hospitals and health facilities. Further efforts may be made by NIC to incorporate more modules in Cloud based 'e-Hospital' application (such as lab, pharmacy, clinical functions, blood bank etc.) latest by April 2016.
- 3.9 Status of e-Office implementation in the Ministry was also reviewed and it was desired to provide handholding for 'e-Office' implementation in different divisions of the Ministry. 15 persons may be hired for the purpose through NISG/NICSI. Providing of Digital signatures to all officials and other requisites may also be taken care so as to start e-Office without further delay.
- 3.10 Arrangements for launch of 'Online Clinical Trial Application Management System' by Hon'ble HFM, may be made at the earliest.

- 3.11 It was also decided that an appropriate mechanism may be formulated so as to ensure compliance/adherence to the various relevant standards, policies and guidelines while IT applications are developed and implemented by the different programme divisions of Ministry. e-Governance Division may provide a checklist to different Programme Divisions for compliance/incorporation of requisite features in this regard and a technical person from e-Gov. Division/NIC-Health may be associated for ensuring compliance.
- 3.12 All the e-Governance initiatives under different divisions of the Ministry may be compiled and submitted to Secretary (HFW) by March 2016.

The meeting ended with a vote of thanks to and from the Chair.

Annexure

List of participants in Senior officers meeting taken by Secretary(H&FW) on 31.12.2015 at 10:00 a.m.

Sl. No.	Name	Designation
Shri Bhanu Pratap Sharma, Secretary (HFW) - In Chair		
14.	Dr. Jagdish Prasad	DGHS
15.	Dr. B. D. Athani	Spl. DGHS
16.	Shri C. K. Mishra	AS&MD
17.	Shri N.S. Kang	AS&DG
18.	Smt. Vijaya Srivastava	AS&FA
19.	Dr. Arun Kr. Panda	AS(H)
20.	Shri K. B. Agrawal	AS
21.	Shri Anshu Prakash	JS
22.	Shri Manoj Jhalani	JS
23.	Shri Ali R. Rizvi	JS
24.	Dr. Rakesh Kumar	JS
25.	Shri Sunil Sharma	JS
26.	Shri K. C. Samria	JS
27.	Shri K. L. Sharma	JS
28.	Shri. N B Dhal	JS(M/o Mines)
29.	Dr. Shakuntla	CCA
30.	Smt. Sheela Prasad	EA

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Minutes of the Meeting of Secretary (HFW) with Senior Officers on
4th January 2016

A meeting of the Senior Officers was chaired by Secretary (H&FW) on 04.01.2016 at 10:00 A.M. The list of participants is given at Annexure.

1. Initiating the discussions, Secretary complimented on achieving the overall expenditure of 75.99% and in NHM 80.80% in the third quarter of the financial year.
2. Secretary (HFW) informed that a Group on Education and Health has been formed by PMO to formulate short term and long term action plan. The Group has to make a presentation on the issue in PMO on 16.01.2016.
3. He also shared the details of discussions held in the meeting of Secretaries with PM on 31.12.2015 and indicated thrust areas such as, catastrophic illness, medical education-availability of doctors in rural areas, additional resource mobilisation under PPP mode, leveraging with traditional health system, cleanliness for preventive health care, conversion of district level hospitals in medical college, skill development in allied health care services, farmer centric initiatives, etc.
4. Secretary(HFW) further mentioned that out of 10 slides, 5 slides of the presentation will be on Health. He indicated that first slide should be on the challenges, next two slides should contain the initiatives / activities which are doable within one year and one slide each should contain the activities / initiatives which are doable in three years and five years' time span.
5. Secretary(HFW), thereafter, requested all the officers to make suggestions which could be incorporated in the presentation. He also desired JS(RK) to take note of key points for incorporation in the presentation.

The meeting ended with a vote of thanks to and from the Chair.

A) / (how)

Receipt No : 641915/2017/E-GOVERNANCE

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Annexure

List of participants in Senior officers meeting taken by Secretary(H&FW) on 04.01.2016 at 10:00 a.m.

Sl. No.	Name	Designation
Shri Bhanu Pratap Sharma, Secretary (HFW) - In Chair		
1.	Dr. Jagdish Prasad	DGHS
2.	Dr. B. D. Athani	Spl. DGHS
3.	Shri K. B. Agrawal	AS
4.	Smt. Vijaya Srivastava	AS&FA
5.	Dr. Arun Kr. Panda	AS(H)
6.	Shri C.R.K. Nair	ADG (Stats)
7.	Shri Anshu Prakash	JS
8.	Dr. Rakesh Kumar	JS
9.	Shri Manoj Jhalani	JS
10.	Smt. Dharitri Panda	JS
11.	Dr. Shakuntla	CCA
12.	Smt. Sheela Prasad	EA
13.	Rep. of Dir (CGHS)	



Tamil Nadu Health Systems Project

State Health Data Resource Centre

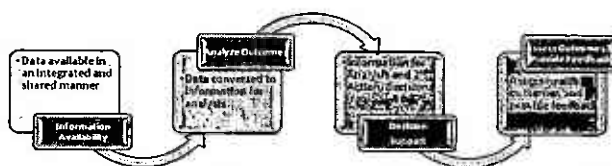
NRHM

12.12.2015



SHDRC – Introduction

- ☐ SHDRC is a comprehensive state-wide central repository of health data for all (Primary, Secondary & Tertiary) health care facilities in the state
- ☐ Currently 20 verticals are under H&FW Dept.,
- ☐ Envisaged to function as a decision support system



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01-Feb-16

Goals of SHDRC

Purpose Driven Data Monitoring for
Evidence Based Decisions

Preventive Actions

Corrective Actions

Epidemic Response

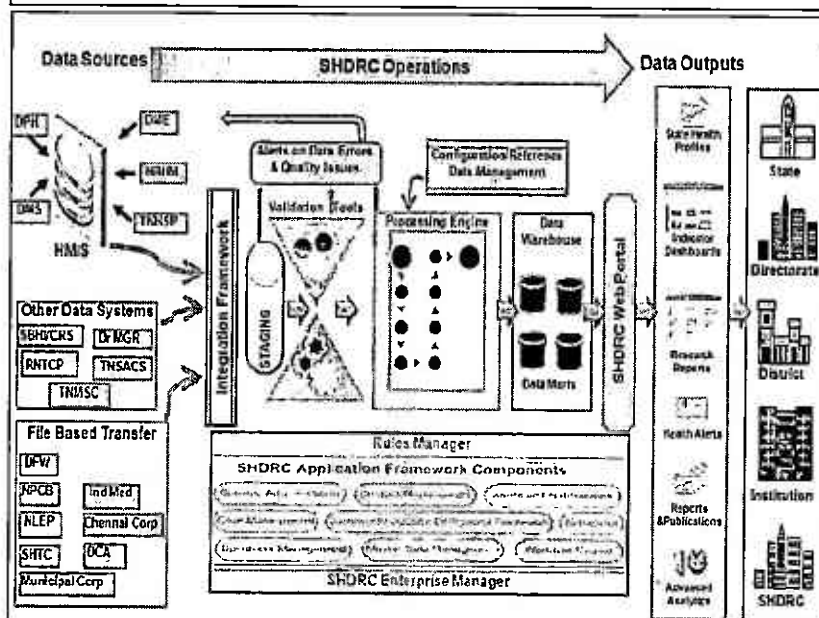
Resource Planning

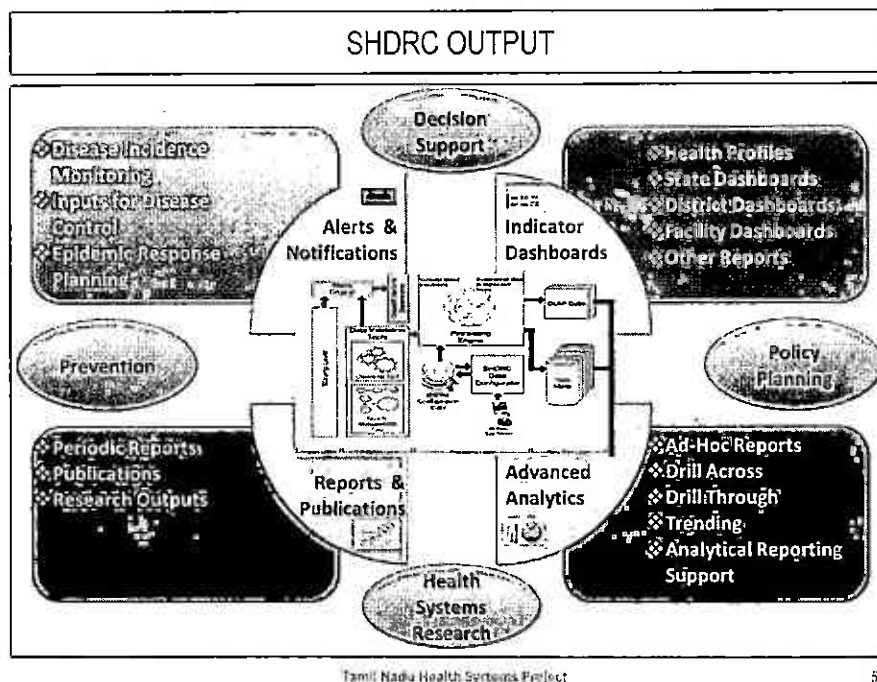
Performance Management

Policy Analysis

Health System Research

Graphical representation of the proposed functioning of SHDRC





Govt. Orders for SHDRC

1	G.O (Ms) No.72 H & FW (EAP I/I) dept., dt: 23-02-2011	In Principle approval
2	G.O(2D) No.105 H & FW (EAP I/I) dept., dt: 30-12-2011	Orders for establishment
3	G.O (Ms) No.93 H & FW (EAP I/I) dept., dt: 09-10-2012	Orders for establishment of PMU
4	G.O.(2D) No.7 H& FW (EAP1/1) dept., dt:21-01-2015	Orders for sanction of additional funds and strengthening of Project Management Unit

01-Feb-16

Source of Funds & allocation

• Project Cost	: Rs 10,82,53,000
• Funds received:	ICMR : Rs 5 Crores (SW-1Crore, HW-4Crores)
	NRHM : Rs 1 Crore
	WB-State funds : Rs 1.68 Crores
• Hiring of Consultant and Software cost	: Rs 6,87,29,325/- (ADC- 2 yrs-Rs 5,62,77,253/- + AMC-5 Yrs Rs 1,24,52,072/-)
• Sanctioned funds for Software Consultancy	: Rs 2.68 Crores (ICMR 1 Crore + WB 1.68 Crores balance from SG funds / NRHM PIP)
• GoTN SEC /NRHMPIP Proposal for additional funds	has been submitted
• Rs 3.47 crores sanctioned for SHDRC in the 2015-16 PIP	

Current reporting system of Directorates

S. No	List of Directorates	Reporting System
1	Directorate of Public Health and Preventive Medicine (DPH) & ICDS(under DPH)	HMIS
2	Directorate of Medical and Rural Health Services (DMS)	HMIS
3	Directorate of Medical Education (DME)	HMIS/Manual
4	Directorate of Family Welfare (DFW)	HMIS/Manual
5	National Rural Health Mission (NRHM) & National Urban Health Mission (NUHM) State Health Society	HMIS
6	Employee State Insurance (ESI)	Manual
7	Tamil Nadu Medical Services Corporation (TNMSC)	TNMSCAPPLICATION(WIS,DMMS)
8	Tamil Nadu State AIDS Control Society (TANSACS)	SIMS
9	Directorate of Indian Medicine	MANUAL
10	Directorate of Drug Control	MANUAL

Continued.....

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Continued.....

11	State Blindness Control Society	MANUAL
12	Corporation of Chennai	MIS
13	Municipal Administration	MANUAL
14	RNTCP/ State TB Cell	EPICENTER
15	National Leprosy Eradication Program (NLEP)	MANUAL
16	State Health Transport Department	MANUAL
17	TN .DR. MGR Medical University	CMS
18	Medical Recruitment Board	OARS
19	Directorate of Food Safety	MANUAL
20	Chief Ministers Comprehensive Health Insurance Scheme (CMCHIS) and components under TNHSP,	CMCHIS Application & HMIS
21	Private Sector	Standard reporting module shall be worked out.

Project Monitoring

Three Committees are available to monitor SHDRC

1. Steering Committee for SHDRC
2. LPRC of ICMR (Local Project Review Committee)
3. TNHSP

01-Feb-16

SHDRC: Steering Committee

As per the G.O.(2D) No.105 H&FW dt: 30.12.2011

- ❖ Principal Secretary, Health, GoTN - Chairperson
- ❖ Mission Director, NRHM, GoTN - Vice Chairperson
 - Managing Director, TNMSC - Member
 - Commissioner of Indian Medicine & Homeopathy -Member
 - Project Director, TNHSP -Member
 - Project Director, TANSACS –Member
 - Director, of PH & PM – Member Secretary
 - Director, of Medical & Rural Health Service -Member
 - Director, of Medical Education - Member
 - Director, Family Welfare - Member
 - Director, Medical Education- Member
 - Director, Family Welfare - Member
 - State TB/ Leprosy/ Blindness Control Officer
 - Representatives from Civil Society/ IMA/ Industry/ Academia

Local Project Review Committee (LPRC)

Constituted as per ICMR reference Misc/2011.d/HSR dt:16/08/2013

- | | |
|---|--------------------|
| 1.Dr.S.M.Mehendale Director NIE | : Chairman |
| 2.Dr.R.Ramakrishnan Scientist 'E' NIE | : Member |
| 3.Dr.Vidya Ramachandran,Scientist 'E' | : Member |
| 4.Dr.(Capt) M. Kamatchi Exp Advisor TNHSP | : Member |
| 5.Dr.S.K.Thirunavukkarasu TNHSP DD | : Member Secretary |

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Local Project Review Committee (LPRC)

- Regular reviews conducted by LPRC (Local Project Review Committee) of ICMR on progress and expenditure of ICMR funds
- Seven LPRC meetings has been conducted on 10.12.2013, 29.01.2014, 23.04.2014, 28.07.2014, 04.12.2014, 11.03.2015 and 20.04.2015 respectively
- The minutes of the meeting were submitted to the Chairman, LPRC and the Director General, ICMR, New Delhi regularly
- Final report was submitted to ICMR after due endorsement of LPRC on

Details of ICMR meetings held
2013-2015

Date	Meeting Details	Venue
10.12.2013	1st LPRC	NIE
29.01.2014	2nd LPRC	NIE
23.04.2014	3rd LPRC	TNHSP
28.07.2014	4th LPRC	NIRT
04.12.2014	5th LPRC	NIE
07.02.2015	LPRC Extraordinary Meeting	NIE
11.02.2015	Meeting with DG-ICMR and PD TNHSP	ICMR, New Delhi
11.03.2015	6th LPRC	TNHSP
02.04.2013	1st High Power Committee Meeting	TNHSP
	2nd High Power Committee Meeting	TNHSP
20.04.2015	7th LPRC Meeting	NIE

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Project Period with Extension details

Original Project Period : 31.03.2012 to 30.04.2013 vide	31.03.2012 ICMR reference number DHR/Plan scheme/GIA/13/2012
Extension of Project period for one more year : 01.04.2013 to 31.03.2014	16.09.2013 ICMR reference number DHR /Plan scheme/GIA/13/2012
For further extension of project period Till December 2014	10.03.2014 Ref.D.O.Letter3133/TNHSP/SHDRC/2012
Requested Extension till March 2015/Revised vide Justification Letter	20.05.2014 Ref. D.O.Letter3133/TNHSP/SHDRC/ 2012
Extension of Project Period till March 2015 vide	26.05.2014 ICMR reference number Misc/2001/01/HSR

SHDRC- Source of funds & Expenditure details

S. No	Funding Sources	Amount Received /Sanctioned (in Rs)	Amount utilized (in Rs.)	Balance (in Rs.)
1	Indian Council of Medical Research (ICMR)	5,00,00,000/- (4 cr for Hardware & 1 cr for Software)	5,00,00,000	NIL
2	World Bank (State Funds)	1,68,83,175/- (software)	1,68,83,175/-	NIL
3	National Rural Health Mission (NRHM)	1,00,00,000/- (Salary, contingencies and infrastructure) Proposal for sanction of more funds has been submitted to include in the Project Implementation Plan 2014-15 of State Health Society	34,65,580/-	65,34,420
	Total	7,68,83,175 (sanctioned)	3,78,60,772 (expenditure)	3,90,22,403 (balance)

Soft ware Contract

As per the contract , the software consultancy shall provide the following:-

- Requirement gathering & analysis of the report formats.
- Submission of Software Requirement Specifications (SRS).
- Design and Development of the SHDRC software modules and data warehouse including Web portal
- Operationalization of the Data Warehouse solution
- Training of the Health Department to use the Software
- To provide operational assistance for the developed software
- Maintenance of SHDRC
- Post implementation support for 5 years after 2 years of implementation

Break up of Total contract value of Software Consultancy M/s
Accenture

This contract has been split into two major components

S. NO	Category	Amount will be Spent	Completion Period
1	For the development and implementation of a fully functional SHDRC application	Rs 5,62,77,253/- (including 12.36% service tax)	Initial 2 Years
2	Maintenance and support	Rs 1,24,52,072/- (including 12.36% service tax)	5 years (Post completion of the initial two year period)
	Total contract value	Rs 6,87,29,325/-	7 years

01-Feb-16

Milestones in Project Execution Timeline	
Directorate Name	Deliverable Month
Phase I (Pilot launch) Directorate of Medical and Rural Health Services, Directorate of Public Health and Preventive Medicine , Tamil Nadu Medical Services Corporation , Tamil Nadu State AIDS Control society , NRHM, RNTCP, MA	14-Nov-2014 (Pilot Launch Done)
Phase II(Pilot launch) Directorate of Family welfare , State Blindness Control Society , Drug Control Authority ,DFS,	22-Dec-2014 (Pilot Launch Done)
Phase III State Health Transport Organization , NLEP, Medical Recruitment Board , ESI ,CMCHIS ,	15-April-2015 (Pilot Launch Done)
Phase IV Directorate of Medical Education , Dr. MGR Medical University , Corporation of Chennai (Health Wing) , Department of Indian Medicine	

SHDRC – Software Implementation Plan 2014 - 2015																	
Sr. No.		Detail Activity	JAN 14	FEB 14	MAR 14	APR 14	MAY 14	JUN 14	JUL 14	AUG 14	SEP 14	OCT 14	NOV 14	DEC 14	JAN 15	FEB 15	MAR 15
1	Software	Finalization of Consultancy															
2		Participatory Consultation of Departments															
3		Analyze and SRS Finalization *															
4		Design of Software *															
5		Design Finalization *															
6		Build Data Warehouse										P1	P2	P3	P4	P4	
7		Testing										P1	P2	P3	P4	P4	
8		Implementation											P1	P2	P3	P4	P3 & P4

SHDRC – Software Implementation Plan 2015 - 2016

Sr. No.	Detail Activity	A P R 1 5	M A Y 1 5	J U N 1 5	J U L 1 5	A U G 1 5	S E P 1 5	O C T 1 5	N O V 1 5	D E C 1 5	J A N 6	F E B 6
1	Training(SHDRC Web Portal)	End user Training is completed										
2	Feedback Received	In progress										
3	Software Enhancements (Maintenance & Support)	In progress										
4	Production server Installation in SDC	Completed										
5	DR server Installation in PUNE					In progress						
6	Application Handover to SHDRC										Hand over	

Contract value of Software Consultancy, M/s Accenture

- Software consultancy, 'M/s. Accenture Services Private Ltd' was selected through a transparent process, by adhering to World Bank norms
- Contract was signed between TNHSP and the Software consultancy (M/s. Accenture Services Pvt. Ltd) on 08-02-2014.

S. NO	Category	Amount to be spent	Completion Period
1	For the development and implementation of a fully functional SHDRC application	Rs. 5,62,77,253/- (including 12.36% service tax)	Initial 2 Years
2	Maintenance and support	Rs. 1,24,52,072/- (including 12.36% service tax)	5 years (Post completion of the initial two year period)
Total contract value		6,87,29,325/-	7 years

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**Break up of Total contract value of Software Consultancy M/s
Accenture**

This contract has been split into two major components

S. NO	Category	Amount will be Spent	Completion Period
1	For the development and implementation of a fully functional SHDRC application)	Rs 5,62,77,253/- (including 12.36% service tax)	Initial 2 Years
2	Maintenance and support	Rs 1,24,52,072/- (including 12.36% service tax)	5 years (Post completion of the initial two year period)
	Total contract value	Rs 6,87,29,325/-	7 years

SHDRC- Schedule of Payment for the Software Consultancy

S.N.	Deliverables	Payment Schedule	Payment status / Expected Time of completion & Source of Funding
1.	Advance payment on submission of the Bank Guarantee upon Project Sign off	10% Rs. 56,27,725/-	Payment to the Software Consultancy made on 11- August 2014
2.	Payment on submission of the final Software Requirement Specification	10% Rs. 56,27,725/-	
PERC meeting was held on 30.06.2014 to assess the deliverables as per the contract and to proceed for payment of the first and second installments, and on 30.10.2014 for the third installment			
3.	Payment upon completion of Data Analysis and reports in the SHDRC application for Six Directorates	10% Rs. 56,27,725/-	Payment to the Software Consultancy made on 24- December -2014

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SHDRC- Schedule of Payment for the Software Consultancy

S.N.	Deliverables	Payment Schedule	Expected Time of completion & Source of Funding
4	Payment upon completion of the fully functional SHDRC Application with all layers including the web portal and its successful application running for a month without any interruptions	30% Rs.1,68,83,176	Part Payment of (Rs. 1,01,29,904.56) 18% of the contract value to the Software Consultancy made on 27-March-2015

PERC meeting was held on 23.03.2015 to assess the deliverables as per the contract and to proceed for part payment of the fourth installment

SHDRC- Schedule of Payment for the software Consultancy (cont.)

S.N.	Deliverables	Payment Schedule	Expected Time of completion & Source of Funding
5	Payment upon completion of training for all Directorate level user groups and Institutional users in five identified districts	15% Rs. 84,41,588/-	11 th month (January 2015) State Funds / NRHM
6	Payment during Maintenance and Support of the SHDRC application	10% Rs. 56,27,725/-	During 13 th month to 24 th month (Feb' 15- Feb' 16) State Government/NRHM
7	Payment upon delivery of the SHDRC Application along with the finalized source codes	15% Rs. 84,41,588/-	End of 24 th month (Feb 2016) State Government/NRHM
8	Payment for the Additional support for the period starting from 25 th month or from the time of completely handing over the STQC approved SHDRC application, web portal and source code to TNHSP, till the next 5 years period.	Shall be paid in equal quarterly payments over the 5 years. The quarterly payment shall be released at the end of the quarter upon performing Maintenance and Support services approved by the Client. Rs. 1,24,52,072/-	25 th month to 84 th month (March 2016- March 2021) State Government/NRHM

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Role of Stakeholder Department

- | |
|--|
| <ul style="list-style-type: none"> • Identify a Nodal person/team –well versed in work flow / report collection & data analysis • Periodical interaction with SHDRC team & provide SRS followed by UAT for the software development process • Ensure active participation of end users in the training for end users to be provided by software consultant • To utilize SHDRC initiative for developing a software for their respective departments • To provide factual / analytical feedback on the system • Sustain the IT initiative of Govt. of TN, H&FW with the help of TNHSP. • To provide Health data from the year 2010 |
|--|

Details of accrued interest remitted to ICMR
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Particulars	Date of remitting to ICMR (as D.D.)	Amount (Rs.)
Interest accrued from March-2012 to April 2014	31.05.2014	40,73,545/-
Interest accrued from May 2014 - June 2014	30.06.2014	3,95,046 /-
Interest accrued from July 2014 - Dec 2014	27.01.2015	5,40,581/-
Interest accrued from January 2015 – March 2015	09.07.2015	2,68,731/-
Total interest remitted		52,77,903/-

TNSHDRC
Details of Activities Completed
2014-2015

SHDRC- Details of activities	
Requirement gathering & analysis of the report formats	
Month	Break up of activities
March 2014	<ol style="list-style-type: none"> 1. Hired Software consultancy M/s Accenture and signed final contract with consultancy for implementation of SHDRC on 08.02.2014. 2. The Consultant team commenced their work on 03-03-2014 3. Introductory meeting was held on 19-March-2014 with the Heads of the 20 Departments under H & FW Department -chaired by the Health Secretary. 4. Software Consultancy with the help of SHDRC team, initiated visits to various departments to understand the objectives & activities of the department and also flow of data & its sources.
April 2014	<ol style="list-style-type: none"> 1. Nodal officers for the various departments were identified. 2. Participatory Consultations with the nodal officers / key officials of various departments – sample reports with data were collected by the software consultancy. 3. Submission of Hardware specifications for SHDRC servers.

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SHDRC- Details of activities (cont.)	
Submission of SRS (document)	
Month	Break up of activities
May 2014	<ol style="list-style-type: none"> 1. The draft of SRS document was submitted to the Project Director for approval. 2. SRS review by TNHSP: The document was reviewed by the TNHSP-SHDRC team and the gaps in the document were placed to the PD, TNHSP. Project Director suggested to rework on the indicators for all the 20 Departments with the help of Public Health Expert. 3. Initiation of development of Key Performance Indicators and Dashboard indicators for various Departments
June 2014	<ol style="list-style-type: none"> 1. Development of Key Performance Indicators and Dashboard indicators for various Departments. (Approx. 30 meetings were held) 2. Submission of Addendum for SRS with Key Performance indicators as per the changes suggested by TNHSP based on the SRS review meeting. 3. Initiation of designing of the SHDRC software, Data analysis & Report for directorates. 4. Completion of development of KPI for all the 20 Directorate. 5. The SRS along with the addendum was placed in the Project Evaluation Review Committee (PERC) meeting for technical evaluation of the SRS document.

SHDRC -Details of activities (cont.)	
Design finalization & Software Build	
Month	Break up of activities
July 2014	<ol style="list-style-type: none"> 1. Approval of Dashboard indicators with sign & seal of the department. 2. Software Coding was initiated for phase I directorates viz., DMS, DPH, TNMSC, TANSACS, NRHM, RNTCP, Municipal Administration. 3. Prototype was presented to the Project Director by the software consultancy.
August 2014	<ol style="list-style-type: none"> 1. Completion of basic design of software for SHDRC by the software consultancy. 2. Delivery and Installation of SHDRC servers.
September 2014	<ol style="list-style-type: none"> 1. Presentation of Dashboard indicators and data analysis templates to the Project Director by the software consultancy. 2. Finalization of Dashboard indicators and data analysis templates was reviewed by the Head of the Departments.

SHDRC -Details of the activities (cont.)

Design finalization & Software Build

Month	Break up of activities
October 2014	<ol style="list-style-type: none"> 1. Completed build and testing activities for 7 Directorates in Phase I. 2. Received seal and sign for all Phase I 7 directorates for Data analysis and reports. 3. Data entry and Data upload web portal completed for phase 1 Directorates. 4. Design and Report template format is completed for phase 2 Directorates. 5. Training Material is completed .
November 2014	<ol style="list-style-type: none"> 1. Health Secretary and Project Director inaugurated the SHDRC Pilot launch Web Portal on 14-Nov-2014 for Phase 1 Directorates. 2. World Bank officials reviewed SHDRC project status on 20-Nov-2014 and appreciated the progress of the project. 3. Data entry and Data upload web portal completed for phase 2 Directorates. 4. The build activities is completed for 3 directorates in Phase 2 . 5. Collecting data for Phase 3 Directorates.

SHDRC -Details of the activities (cont.)

Software Build & Testing

Month	Break up of activities
December 2014	<ol style="list-style-type: none"> 1. LPRC (Part of ICMR) chairman reviewed the SHDRC project status on 04-Dec-2014 and appreciated the progress of the project. 2. Design, Build and Testing phase is completed for Phase 2 directorates in Phase 2 3. In the presence of Project Director completed the SHDRC Web Portal Demo for Phase 2 directorates on 22-Dec-2014. 3. Data Entry and Data upload web portal completed for Phase 3 directorates 5. Meetings held with phase 1 nodal officers to review their feedback on SHDRC web portal.
January 2015	<ol style="list-style-type: none"> 1. World Bank Officials has reviewed progress of SHDRC project on 05 January 2015. 2. Data Entry and Data upload web portal completed for Phase 4 directorates. 3. Initiated Design, Build activities for phase 4 directorate. 4. Initiated the training related activities. Training manual is reviewed by PHE-SHDRC.

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SHDRC -Details of the activities (cont.)	
Design finalization & Software Build	
Month	Break up of activities
February 15	<ul style="list-style-type: none"> Design, Build and testing phase is completed for Phase 3 and Phase 4 Directorates (1 is completed out of 4) . Accenture submitted draft of Training book to SHDRC and same was reviewed by PHE Collecting data for remaining Phase 4 Directorates. Meeting With Director NIE to discuss the hardware requirement Meeting with DG-ICMR at ICMR, New Delhi SMS alert is tested with eSeva successfully.
March 15	<ul style="list-style-type: none"> Design, Build and testing phase is completed for Phase 4 Directorates. Provide Training on the SHDRC Web Portal to all the 20 Directorates. Provide support to SHDRC Portal SHDRC Portal will go live in Production Server. Collected User feedback and incorporated in SHDRC web portal for Phase1 Directorates.

SHDRC -Details of the activities (cont.)	
Software Launch & Incorporating Feedback	
Month	Break up of activities
April 15	<ul style="list-style-type: none"> Launched SHDRC application for Phase III and Phase IV Directorate on 15-April-2015. Attended 7th LPRC meeting at Ayappakkam on 20-April-2015 for project status Review. Meeting held with all Phase III & IV Directorate Nodal Officers and provided trainings and received feedback for the SHDRC Web Portal.
May 15	<ul style="list-style-type: none"> Collected User feedback and incorporated in SHDRC web portal for Phase3 & 4 Directorates. Completed 79% of the Feedback received from all the Directorates. Accenture submitted updated training material on 04-May-2015 to SHDRC as per PHE Instructions.

SHDRC -Details of the activities (cont.)

Incorporating Feedback & Software Training

Month	Break up of activities
June 15	<ul style="list-style-type: none"> Attended IMA meeting at Trichy on 07-June-2015 and requested private sector Data. SHDRC Web Portal Training to the Directorates commenced on 19-June-2015. Completed SHDRC Web Portal Training for 6 Directorates in ELCOT during June 2015. Initiated SHDRC Production Server Installation. Completed STQC Testing Process and fixed all the major issues raised by the Third Party vendor. Initiated Disaster Recovery implementation for SHDRC Project. Completed 83% of the Feedback received from all the Directorates.
July 15	<ul style="list-style-type: none"> Completed SHDRC Web Portal Training for 6 Directorates so far in Elcot. SHDRC Production Server Installation is In Progress. Received STQC Certificate for "Safe to host" SHDRC Web Portal.

SHDRC -Details of the activities (cont.)

Design finalization & Software Build

Month	Break up of activities
August 15	<ul style="list-style-type: none"> Completed SHDRC Web Portal Training for 20 Directorates. SHDRC Production Server Installation is in Progress in SDC. Completed 90% of the Feedback/Enhancement received from all the Directorates in SHDRC Web Portal. Discussed about end user training feedback with Directorate Nodal officers. submitted final version of STQC certification and document to SDC and TNHSP on 20-Aug-2015.
September 15	<ul style="list-style-type: none"> Predictive analysis process has been initiated to all Directorates. SHDRC Production Server Installation was completed in SDC. Created additional reports for Directorates as per instructions through SHDRC web Portal. All components migrated from Test to Live environment (SDC). SHDRC web Portal live from SDC on 18-Sep-2015.

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SHDRC -Details of activities (cont.)	
Design finalization & Software Build	
Month	Break up of activities
Oct 2015	1. Health Secretary Dashboard indicator was created . 2.98% additional reports and feedback were completed which was given by before July 2015. 3.83% additional reports and feedback were completed which was given by after august 2015.
Nov 2015	1.Retested vulnerability for STQC and submitted updated document by STQC vendor . 2.SHDRC web Portal training was completed all 20 Directorates Heads. 3.Chief Secretary Dashboard indicator was created . 4.Given Training to RNTCP Kanchipuram district team members as per Directorate request on 12-Nov-2015. 5. 90% additional reports and feedback were completed which was given by after august 2015.
Dec 2015	1.NCD Dashboard is in progress. 2.Additional Reports and Feedback is in progress. 3.Planning to start HMIS and MIS mirror replication process to SHDRC server.

SHDRC- Plan of Activities
till March 2016

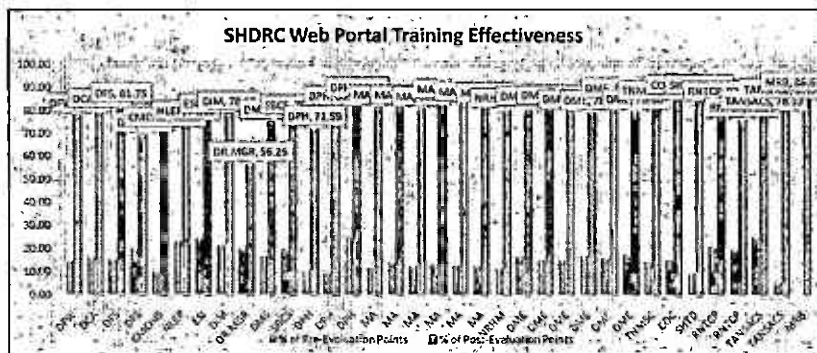
- Continuation of hands – on support and refresher training of Users of 20 Directorates / Departments on SHDRC Application.
- Maintenance and support for all application layers.
- All user feedback for enhancement of SHDRC application usage.
- Complete the SHDRC application and handover to TNHSP at the end of 24 month.

Details of Training

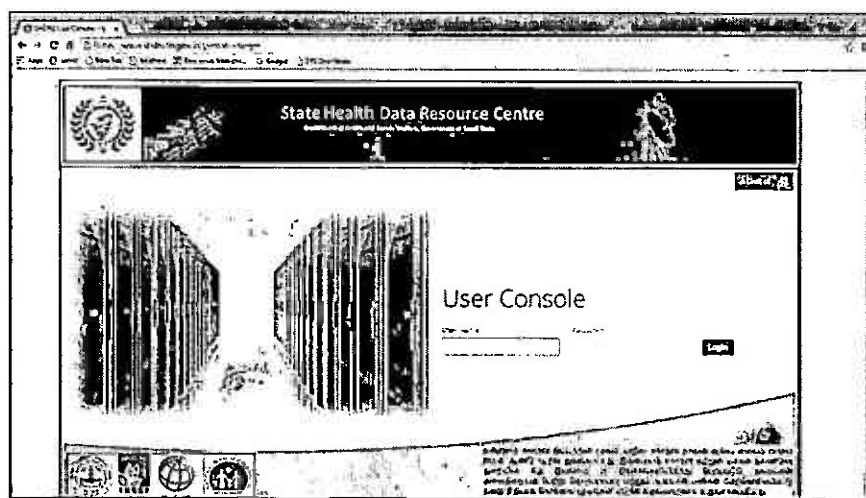
Training Schedule : 19-Jun-2015 To 19-Aug-2015

Total No of Directorate Training completed : 20

Total No of resources trained : 880



SHDRC Home Page



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SHDRC Main Page

Tamil Nadu State Health Data Resource Centre (SHDRC)

Dashboard

1. Directorate of Medical and Public Health Services (DMPS) - Viewing request
2. Directorate of Public Health and Preventive Medicine (DPHM) - Viewing request
3. Directorate of Medical Education (DME) - Viewing request
4. Tamil Nadu Medical Services Corporation (TNMS) - Viewing request
5. Tamil Nadu State AIDS Control Society (TNSACS) - Viewing request
6. National Rural Health Mission (NRHM)
7. National Tobacco Surveillance System (NTSS) - Viewing request
8. Municipal Corporation (M.C.) - Viewing request
9. Directorate of Family Welfare (DFW) - Viewing request
10. State Government Medical Services (SGMS) - Viewing request
11. Directorate of Health Services (DHS) - Viewing request
12. Directorate of Health Services (DHS) - Viewing request
13. Directorate of Health Services (DHS) - Viewing request
14. Directorate of Health Services (DHS) - Viewing request
15. Directorate of Health Services (DHS) - Viewing request
16. Directorate of Health Services (DHS) - Viewing request
17. Directorate of Health Services (DHS) - Viewing request
18. Directorate of Health Services (DHS) - Viewing request
19. Directorate of Health Services (DHS) - Viewing request
20. Directorate of Health Services (DHS) - Viewing request
21. Directorate of Health Services (DHS) - Viewing request
22. Directorate of Health Services (DHS) - Viewing request

There are no data to be displayed.

There is no data to be displayed.

There is no data to be displayed.

NRHM Dashboard Zone

Tamil Nadu State Health Data Resource Centre (nrhm_nd01)

Dashboard Zone

Dashboard Zone

Percentage Indicators 2015 & Comparative

Year: 2015

Month: January

District: Any District

Comparison: Comparison

Indicator	Value
% of Low Birth Weight	7.24
% of Public institutions delivering	88.20
% of L1, community children	7.83
% of severely disabled among all	23.32
Early registration rate (EAR)	144
Infant mortality rate (IMR)	89.0
Maternal mortality ratio (MMR)	14.42
Infant mortality rate (IMR)	89.0

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NRHM Freehand Zone

Dashboard Zone | Freehand Zone | Predictive Zone | Home Page

Age Group | Gender | District | Sub-District | Sub-Category | General Name | Active | Indicator Category | Indicator Sub-Category | Indicator Group | Indicator Sub-Group

Unserved Report

Table

Drag on available field to the required layout zones

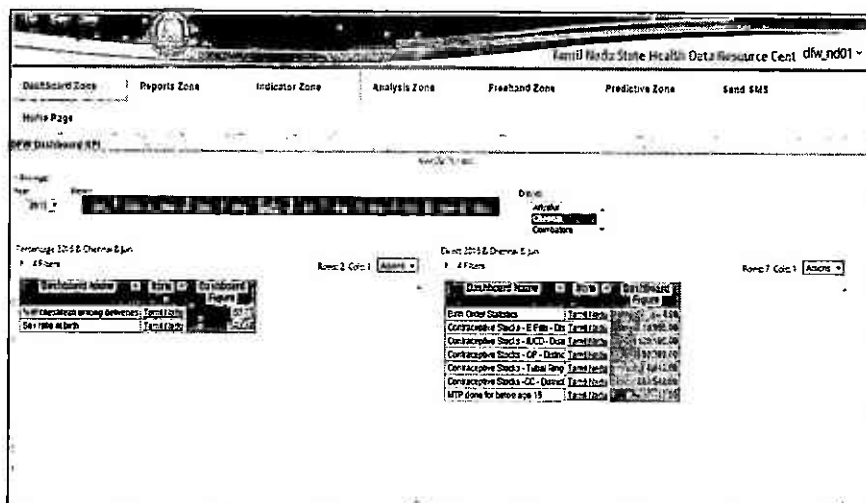
Report Options...

DFW Indicator Zone

Dashboard Zone	Reports Zone	Indicator Zone	Analysis Zone	Dashboard Zone	Predictive Zone	Home Page
DFW Normal KPI	Year: 2015					
DFW Normal KPI						
Indicator Name	Value	Indicator Type				
AUD Score	5,438,112					
OP Score	5,536,155					
OC Score	54,798,124					
Early Score	197,007					
Maternal Death	129,118					
Permanent Maternal Death	25					
Permanent Maternal Death	1,043					
Permanent Maternal Death	247,748					
Permanent Maternal Death	10,812					
Permanent Maternal Death	13,701					
Total MTF Score	37,157					
Total MTF Score	12,765					
MTF Score	19,712					
Maternal Deaths	220,252					
Caesarean Deliveries	400,838					
Normal Deliveries	14,707					
Total Deliveries	523,096					
Para Males	224,080					
Para Females	212,184					
Para Males	14,151					
Para Males	17,619					
Para Males	50,163					
Para Males	42,154					
Para Both Total	437,564					
Para Both Total	364,811					
Para Both Total	83,422					
Para Both Total	24,488					
Para Both Total	29,436					

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DFW Dashboard Zone



DFW Reports Zone

Dashboard Zone Reports Zone Indicator Zone Analysis Zone Firebrand Zone Predictive Zone Home Page

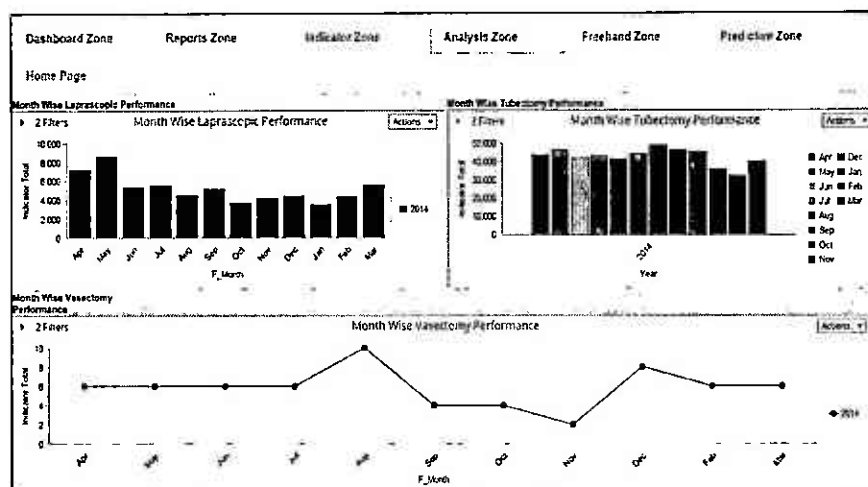
DFW Report List

Male Sterilisation Programme Year: 2015

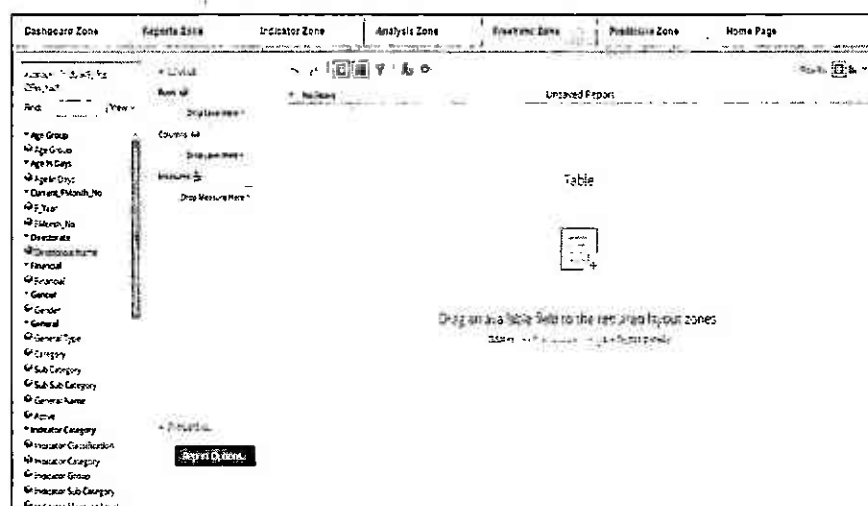
Male Sterilisation Programme

Location	Expected Demand	Programme Demand	Programme Demand	Programme Demand	Programme Demand	Programme Demand	Programme Demand	Programme Demand
Trichy	10,250	6,177	1,810	13,020	1,120	14.9	11	
Arundel	3,404	2,553	-	3,404	1,910	56.8	21	
Arundel	3,404	2,553	225	2,479	1,784	52.9	3	
Arundel	11,804	6,811	874	13,520	4,210	31.1	4	
Arundel	13,800	10,340	275	13,800	3,340	24.2	5	
Arundel	7,170	6,092	150	7,020	1,610	22.8	6	
Arundel	12,100	6,100	40	12,230	2,610	21.3	7	
Arundel	10,810	11,710	-	10,810	3,300	30.5	8	
Arundel	7,300	5,530	100	7,400	1,510	20.4	9	
Arundel	3,300	1,710	30	3,300	400	12.1	10	
Arundel	6,410	6,410	-	6,410	1,100	17.2	11	
Arundel	12,010	6,100	-	12,010	2,100	17.5	12	
Arundel	10,000	8,100	40	10,000	2,100	21.0	13	
Arundel	6,100	5,200	-	6,100	1,100	18.0	14	
Arundel	11,100	5,570	600	12,000	1,850	15.4	15	
Arundel	8,200	6,210	275	8,200	1,242	15.1	16	
Arundel	5,000	4,400	-	5,000	674	13.5	17	
Arundel	10,100	7,500	100	10,100	1,354	13.4	18	
Arundel	12,000	9,600	92	12,000	1,510	12.6	19	
Arundel	6,200	6,210	-	6,200	620	10.0	20	
Arundel	14,200	10,600	45	14,200	1,964	13.8	21	
Arundel	6,900	6,244	-	6,900	1,000	14.5	22	

DFW Analysis Zone

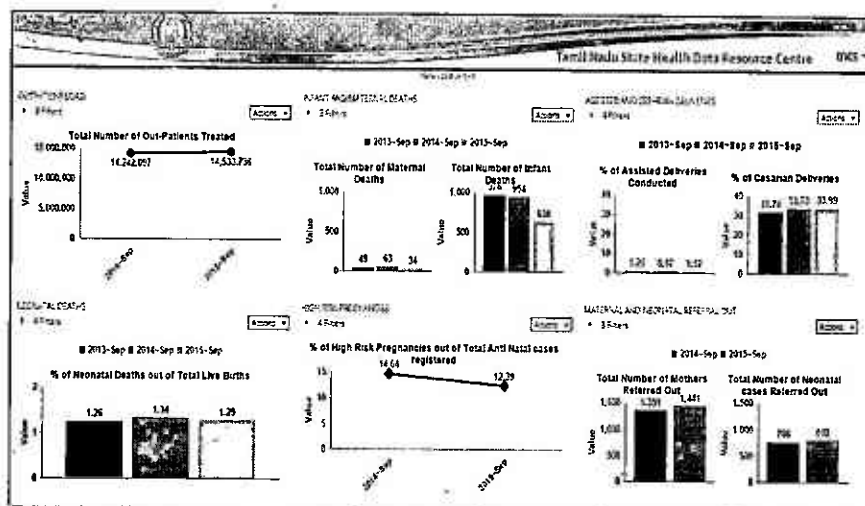


DFW Freehand Zone



01-Feb-16

Chief Secretary Dashboard Zone

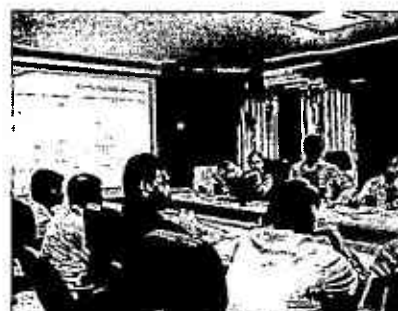


Introductory Meeting with 20 health directorates under Health & Family welfare department of Govt of Tamil Nadu -19/03/2014

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Health Secretary reviewed Dashboard Indicators developed for major Directorates
Centre Thiru J. Radhakrishnan, Secretary Health,
Left- Dr. K. Kolandaswamy, Director- DPH,
Thiru M.S. Shanmugam, Project Director TNHSP,
Right-Dr. C. N. Mahesvaran MD-NRHM
second right Dr. (Capt.) Kamatchi,
Expert Advisor of TNHSP during launch of
SHDRC application for Phase I Directorate. on 14th November 2014.



SHDRC Meeting

01-Feb-16



LPRC meeting to discuss about the payment schedule of M/s. Accenture



SHDRC team in High Level Meeting



SHDRC team in High Level Meeting

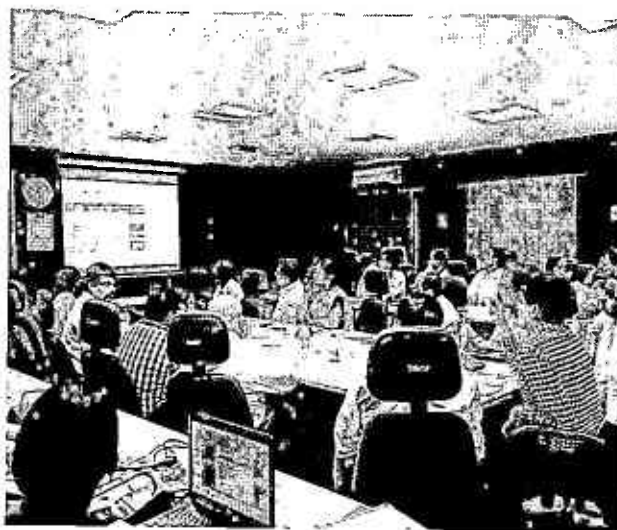


SHDRC team in discussion with DG-ICMR during ICMR , New Delhi visit by PD-TNHSP on 11.02.2015 (Extreme left- Dr. Vishwa Mohan Katoch, Director General of ICMR,next Mr. Arun Sunderaraman, Vice President of Accenture and SHDRC Project in-charge,In Centre Thiru M.S. Shanmugam, Project Director-TNHSP, second right Dr. S.K Thirunavukkarasu Deputy Director HMIS & SHDRC , extreme right Dr. Ashoo Grover Scientist-C of ICMR.

01-Feb-16



Thiru. M. S. Shanmugam, Project Director- TNHSP addressing the officials of 20 Directorates during launch of SHDRC application Phase III and IV Directorates held on 15.04.2015



SHDRC Pilot Launch Nov 2014

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01-Feb-16

Thank You!

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IHIP Cost Estimate – (Draft)

In line with the Draft Concept Note, the costs involved in implementation & operations of IHIP have been estimated basis a set of assumptions as outlined below.

- **Implementation coverage**

- 2016 will be preparatory year for fine-tuning & detailing of business model, development of software, putting in place hardware, setting up of team, implementing agency, setting up of office, initial capacity building etc.
- In 2017, 3 states will be selected for pilot and it will be carried out in 3 selected districts in each of these 3 states
- Number of states & districts to be covered will be gradually increased to achieve pan-India coverage by 2020

	Y1	Y2	Y3	Y4	Y5
	(2016)	(2017)	(2018)	(2019)	(2020)
	preparatory year	pilot year	roll out year	roll out year	expansion year
Total no. of states covered	-	3	10	20	36
No. of districts covered per state	-	3	10	15	18
Total no. of districts covered	-	9	100	300	660

- **Overall cost estimate (Rs. Cr.)**

- Total cost estimate is around Rs.285 Cr over 5 years (break up in Table below)
 - Out of total, around Rs.12 Cr is Non-recurring e.g. Capex for hardware, software, office set-up
 - Total recurring cost is around 274 Cr

Receipt No : 641915/2017/E-GOVERNANCE

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	Y1	Y2	Y3	Y4	Y5	
	(2016)	(2017)	(2018)	(2019)	(2020)	
Cost estimate						
<u>Non-recurring:</u>						
Hardware	2.08	0.09	0.12	0.17	0.28	
Software	8.00	-	-	-	-	Software for exchange
Office set-up cost	0.07	0.04	-	-	-	
<u>Recurring:</u>						
Hosting (Cloud) charges X	-	1.27	14.06	42.19	92.80	✓ 150.32
Connectivity charges X	-	5.63	5.63	5.63	5.63	Taken only for pilot districts. It has been assumed that for remaining states/districts, connectivity charges would be borne by respective states. 22.5
Licensing cost (OS, DBMS etc.)	0.01	0.03	0.05	0.08	0.13	Cost of OS licence @ Rs.10000 per desktop per annum
AMC of software & hardware			1.81	1.82	1.83	Starts after expiry of first year under warranty
Manpower	3.18	5.95	8.82	12.93	19	
Travel & Misc.	0.18	0.39	0.66	1.05	1.68	
Capacity building	0.50	1.00	1.00	1.00	1.00	
Admin. @ 5%	0.17	0.66	1.55	3.18	6.08	
Contingency @ 40% 52	1.37	1.41	3.27	6.70	12.79	6.
TOTAL	15.60	16.56	37.08	74.85	141.79	
Non-recurring	11.16	0.15	0.13	0.19	0.30	
Recurring	4.44	16.42	36.94	74.66	141.49	
Cumulative	15.60	32.16	69.24	144.09	285.89	
Non-recurring	11.16	11.31	11.44	11.63	11.93	
Recurring	4.44	20.86	57.80	132.47	273.96	

Receipt No : 641915/2017/E-GOVERNANCE

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- Key assumptions

Hardware			Y1	Y2	Y3	Y4	Y5	
Desktop : Person	1:1	No. of desktop purchased	14	17	21	30	48	
Printer : Destop	1:2	No. of printers purchased	7	8	11	15	24	
Cost per Desktop Rs	50000							
Cost per printer Rs	15000							
Switches & other peripherals								
Software			Y1	Y2	Y3	Y4	Y5	
Development cost (Rs Cr)	8	Software development/ purchase	8					Including testing, certification etc. @ 10% of development cost
Operations & Management			Y1	Y2	Y3	Y4	Y5	
Cloud hosting charges :	X	Hosting charges	-	1	14	42	93	Infrastructure as a Service (IaaS) (Cloud) model is assumed to be adopted for IHIP. Hence no capital spend on server, data centre, disaster recovery centre etc.

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Per district / year (Rs lakh)	14.06	Connectivity charges	-	6	6	6	6	As part of IHIP project cost, connectivity charges only for pilot districts (09 in no.) has been assumed. For remaining districts, such cost will be taken care of by the respective states
Based on the DPR of Health MMP prepared by NISG.								
Connectivity charges :								Based on the DPR of Health MMP prepared by NISG.
Per district / year (Rs lakh)	63							
Hardware AMC	10%							
of capex								
Software AMC	20%							
of capex								
Manpower			Y1	Y2	Y3	Y4	Y5	
A. PMU centre		No. of persons						
No.	6	PMU-Centre	6	6	6	6	6	
Cost per month per person- Rs lakh	2	On site support (to states)	-	9	30	60	108	
Yearly cost per person (Rs. Lakh)	24	Implementing agency	8	15	15	15	15	
Service tax	14%	Total	14	30	51	81	129	

Receipt No : 641915/2017/E-GOVERNANCE

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B. On site support							
Persons per State	3						
Cost per month per person- rs lakh	1						
Yearly cost per person (Rs. Lakh)	12						
Service tax	14%						
C. Implementing Agency							
Persons	15						
Cost per month per person (Rs lakh)	1.5						
Yearly cost per person (Rs. Lakh)	18						
Service tax	14%						
Travel			Y1	Y2	Y3	Y4	Y5
No. of trips per person per month	1	Total no. of trips	162	360	612	972	1548
Avg cost per trip	10000						
Office set up cost per person	50000						

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• **Broad estimate for volume & breakeven for IHIP**

- Based on the assumptions and working as given below, operation break-even will be achieved in Year 4, when IHIP would have around 3 cr persons' EHR /medical record and would charge Rs.5 per transaction of records.

Population per district (lakh)	18						
Target penetration by IHIP	10%						
Volume base(lakh)	1.8						
		Y1	Y2	Y3	Y4	Y5	
Total Population base available to be covered	Lakhs		164	1818	5455	11998	
Target penetration by IHIP			5%	5%	5%	5%	
No. of persons serviced through IHIP	Lakhs		8	91	273	600	Potential target segments : RSBY (13 cr beneficiaries); CGHS; ESIC etc.
Avg. no. of medical record/health information transactions through IHIP per person per year			3	4	5	5	
Total Transactions per year (lakhs)			25	364	1364	2999	
Charge per Transaction (Rs)			5.0	5.0	5.5	5.5	Nominal charge per transaction has been assumed, with growth @ 10% after three years
Total revenue (Rs Cr)			1	18	75	165	
Total recurring expenses	Rs Cr		16	37	75	141	

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Concept Note

Integrated Health Information Platform (IHIP)

Ministry of Health & Family Welfare

November, 2015

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Abbreviations and Acronyms

API	Application Programming Interface
CHI	Centre For Health Informatics
DeitY	Department of Electronics & information Technology
DPR	Detailed Project Report
DSS	Decision Support System
EFC	Expenditure Finance Committee
EHR	Electronic Health Record
EMR	Electronic Medical Record
HIS	Hospital Information System
IaaS	Infrastructure-as-a-Service
ICT	Information & Communication Technology
IHIP	Integrated Health Information Platform
M2M	Machine-to-Machine
MMP	Mission Mode Project
MoHFW	Ministry of Health & Family Welfare
NeGP	National eGovernance Plan
NeHA	National eHealth Authority
NHP	National Health Portal
PMU	Project Management Unit
SFC	Standing Finance Committee

Executive Summary

For effective adoption of ICT in Indian healthcare- aligned with health sector goals under Digital India Programme- need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange has emerged critical. The Steering Committee on eHealth – chaired & co-chaired by Secretary (HFW) and Secretary (DeitY) respectively- has decided to establish an 'Integrated Health Information Platform (IHIP)'.

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc. - ~~that~~ ^{that} must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide. This would facilitate continuity of care, confidential & secure health data/records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies & medical errors, low data redundancy, big data analytics etc. A framework of unique identification for patients, providers/health facilities and medical procedures would be incorporated so as interoperability (and thence longitudinal medical record) is attained amongst different health IT systems.

IHIP is proposed to encompass various components like eHealth applications, eHealth data; and eHealth infrastructure. Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course.

IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. At backend, Cloud Computing environment would be utilized. However, individual hospitals/healthcare facilities will have to put in the required infrastructure – terminals, peripheral hardware etc. - in their premises in order to access and use IHIP. Tried & tested open source solutions complying with EHR Standards offered by third parties, both public & private IT vendors, would be hosted on IHIP. Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per their need.

IHIP is proposed to be implemented and managed by Centre for Health Informatics (CHI) setup by MoHFW and currently managing the operations of National Health Portal (NHP).

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It has been already approved to register CHI as a 'Society' under MoHFW. The CHI will have additional roles and responsibilities, apart from IHIP and NHP, under its purview such as secretarial work of the proposed National eHealth Authority (NeHA). The CHI will be strengthened with adequate manpower and resources along with a PMU.

The development of the IHIP is envisaged over one year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

this Sustainability of IHIP needs to be addressed properly. For ~~ensuring sustainability is attained~~, IHIP ^{could} ~~is planned to~~ explore various possible revenue sources including from health information exchange platform like real-time data services to different healthcare providers, asynchronous data analytics /customized reports for health care analytics organizations etc. However, in short-to-medium term it would require funding assistance from the government, till it achieves a critical mass.

The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. Till the time NeHA is set-up, the implementing agency would take care of such matters.

The immediate to short term way-forward on setting up of IHIP includes:

- Consultation with different key stakeholders – States/UTs, DeitY, India Health Information Network (IHIN), Industry Experts, Application/IT Vendors, Healthcare Providers etc. for fine-tuning & finalisation of the concept note
- Estimation of costs involved in setting up of IHIP once the concept in terms of services, infrastructure elements, business models, business scale & its ramp up etc. is finalised
- Generation of unique National Identification Number (NIN) for Health Facilities & providers (Public and Private) and its implementation in IT systems - **For details on NIN kindly refer Annexure -I**
- Information Dissemination and consultation with States/UTs regarding adoption of UHID as per the notified EHR Standards for India
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

Introduction

This Concept Note outlines objectives, components along with high level architecture, business model, implementation framework, cost elements & estimate etc. for the proposed Integrated Health Information Platform (IHIP). It has been prepared based on DPR of Health MMP, discussions held in meeting of Steering Committee on eHealth, deliberations held with MoHFW's officials/ DeitY/Experts/ Solution Vendors etc., and review of select relevant documents available through desk research.

This Concept Note provides a base document for further discussion with the relevant stakeholders and subsequent fine-tuning & elaboration before it is converted into a proposal for EFC/SFC.

Background

During the last two years, a detailed exercise had been undertaken for scoping and preparation of project report for comprehensive adoption of ICT in Indian healthcare under Health Mission Mode Project (MMP)-aligned with Digital India Programme and E-Kranti (NeGP 2.0). It emphasised primarily upon the need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange.

Creation of EHRs of citizens and establishment of supporting infrastructure/ mechanism for exchange of health records emerges as one of the key focus areas under the plan for comprehensive use of ICT in healthcare. Accordingly, in the meeting of Steering Committee on eHealth held on 27th July, 2015, it was deliberated and decided to establish an 'Integrated Health Information Platform' primarily focusing on interoperable EHRs and subsequently to encompass other key components of eHealth, as feasible, like Drug Supply Chain Management, Citizen Portal etc., as underlined in Health MMP DPR.

Issues to be addressed

It has been observed those healthcare organisations are mostly operating in data-rich but information-poor environment. Patient health data is being gathered / stored - distributed over a number of locations and via a number of IT solutions - which is generally inaccessible, improperly formatted/not standardised and hence not interoperable. System interoperability along with supportive IT frameworks and optimal information exchange to support better healthcare services and thus outcomes is the key requirement in the prevailing scenario. Also need is there for transforming data into information and evidence, which could help in decision support systems (DSSs).

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Multiple data sources need to be integrated in meaningful ways to improve services in relation to access, quality, user satisfaction and efficiency. With information sharing, volumes of independent sets of data across multiple systems can be brought together in integrated, relevant and useful summary views. Integrated data can be de-identified and aggregated in such a way to enable policy-making decisions at public health level. The current focus is more on “pushing” vs “pulling” data, which often leads to ineffective data sharing and impedes care quality and efficiency impacting outcomes.

Key issues need to be addressed

Fragmented information streams/systems
Quality of data
Large volume of data collected
Duplication of data collection – <i>Data Redundancy</i>
Sub-optimal resource utilisation due to duplicate information systems
Lack of interoperability & accessibility of information
Lack of unique identifiers for patients, providers & health facilities
‘Push’ vs. ‘Pull’ model of data sharing

It is essential that information can be accessed from anywhere in the health system to facilitate seamless communication in between different stakeholders like patient-to-provider, provider-to-provider, provider-to-health managers/government agencies, government/provider-to-academia etc. Data should only be recorded once, at its source (single instance capture), the systems need to be sustainable, data must be standardised and understandable and the system needs to be available locally.

Objectives of IHIP & Outcome envisaged

The overall and ultimate purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilisation of resources, availability of information/data – in secure manner and on real time basis- through integration of systems to ensure a comprehensive EHR Solution.

- **To aggregate & share data – by combining data source/health records at different places, improve quality by reducing duplication and manual transmission of data; ensure availability of health records / data across stakeholders/providers/ hospitals, and**
- **To optimise resource – reduce duplication of data collection, reduce development and maintenance of overlapping systems.**

The specific objectives envisaged to be achieved through IHIP include:

- To leverage information & communication technologies (ICTs), aligned with health care goals under Digital India Programme & E-Kranti, meeting the requirements of different stake-holder groups- citizens, providers, policy makers & program managers
- To set-up a health information technology platform hosted on Cloud which has integrated and inter-operable standards compliant & open source healthcare management applications along with infrastructure/services for health information highway
- To enable real time collection & aggregation of data in an efficient & effective manner and to facilitate exchange of data across systems and stake-holders by establishing a framework for unique identification for patients, providers/health facilities and medical procedures.
- To facilitate improvement in quality/continuity and affordability of care through interoperable EHRs and better utilisation of resources
- To enable effective and efficient management of population health through real time aggregated data

The key outcomes/benefits envisaged from IHIP for different stake-holder groups include:

Stakeholder group	Outcome/ benefits
Citizen / Patient	<ul style="list-style-type: none"> • Continuity of care • Confidential & secure health data/records management • Better affordability-by avoiding redundant examination/ tests/procedures
Healthcare Providers	<ul style="list-style-type: none"> • Availability of real time and standardised data/information • Optimal information exchange to support better health outcome • Better decision support system • Fewer redundancies & medical errors
Payers	<ul style="list-style-type: none"> • Better and smoother management of billing and claims processes • Enhanced precision and speed of coverage payments to healthcare service

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Stakeholder group		Outcome/ benefits
		<ul style="list-style-type: none"> • Better analysis of cost-effectiveness of coverage policies • Business intelligence and more sophisticated data analysis towards better coverage policies planning etc.
Government/ Managers	Health	<ul style="list-style-type: none"> • Reduced duplication of data (single instance capture) - low data redundancy • Less fragmentation & more standardisation health information systems • Strengthening of evidence base for effective policies • Big data analytics - Dashboards for Monitoring & Evaluations facilitating effective decision making

With *decentralisation* and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc. - that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide irrespective of whichever hospital/ healthcare provider he/she went to.

Components and Architecture

The various design aspects - in line with the prevailing challenges - considered while conceptualising IHIP include the following:

Integration of multiple systems - primarily patient centric- working in silos
Data capturing at source in digital format
Sharing and aggregation of quality data with minimum latency across applications and stake-holders
Availability of uniquely identifiable, easily traceable & verifiable data/records in the system
Access to quality data to health managers, policy makers etc. capturing various parameters linked with determinants of health for effective & efficient healthcare delivery

In line with the envisaged objectives, IHIP is proposed to encompass various components grouped as **eHealth applications** - describing tools and systems that will be used by

users to interact with the system or for data processing; **eHealth data** - describing major data items and data that will be shared between components; and **eHealth infrastructure**: describing computing infrastructure required to support eHealth solutions.

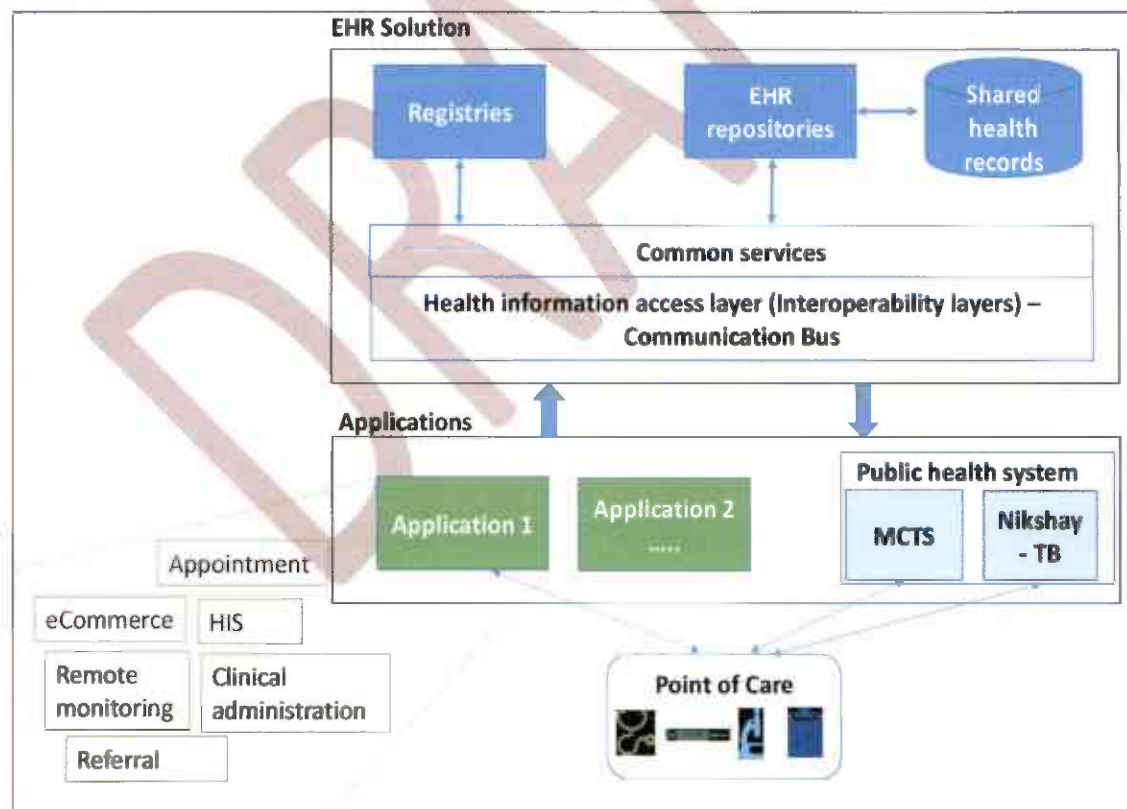
Category	Brief
eHealth applications	
Application / Solution	<ul style="list-style-type: none"> • To meet various requirements related to creation of EHR through 'suite for digital health records creation & management' consisting of¹: <ul style="list-style-type: none"> ○ Hospital information management/ Clinical administration ○ Electronic medical records - medications, hospitalization records, and laboratory test results, and radiology images etc. ○ Remote patient monitoring – through internet-of-things; wearable devices, M2M technologies etc. ○ Telehealth ○ E-commerce- billing, payment, insurance claims etc. ○ Patient communications – SMS, emails, voice ○ Business intelligence & Analytics ○ Etc. • Also to include Public Health Applications/Systems having interface with patient/citizen health records – those related to disease control/immunisation like Mother & Child Tracking System , TB Control Programme etc.
Information Exchange	<ul style="list-style-type: none"> • To facilitate exchange of information between different EMR systems • To connect to a database in which the medical records of the patients are collected from multiple providers and consolidated together • Exchange between patients, healthcare providers, payers, medical data providers
eHealth infrastructure	
Hosting environment & Database management	<ul style="list-style-type: none"> • Hosting of servers -application, database- on 'Cloud' • User of IHIP doesn't need to own servers/ storage/database

¹ Given on illustrative basis; suite may include all or some

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Category	Brief
Standards	<ul style="list-style-type: none"> • Compliance of applications to EHR Standards, Open Source Software Policy, Open API Policy, other relevant eGovernance Standards
Privacy & Security	<ul style="list-style-type: none"> • Patient consent/ permissions • Disclosure management
eHealth data	
Registry / Identifiers	<ul style="list-style-type: none"> • Unique identifiers for patients, providers, health facilities
Repositories	<ul style="list-style-type: none"> • Health records

An architecture representing the fundamental organisation of IHIP's components, their logical relation to each other/other systems and their inter-dependencies has been outlined and presented as below. These components need to interact amongst themselves according to a certain plan or design.



The points of care already having EHR applications running could join the platform for various common services and information exchange facilities/ interoperability features.

Business model

Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course. These are detailed as follows. IHIP is proposed to use public - private partnership in an effective manner.

Business element	model Details
Infrastructure as a service	<ul style="list-style-type: none"> • IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. • At backend, Cloud Computing environment would be utilized. • However, individual hospitals/healthcare facilities will have to put in the required infrastructure - terminals, peripheral hardware etc. - in their premises in order to access and use IHIP.
Application as a service	<ul style="list-style-type: none"> • Based on evaluation - tried & tested solutions, open source solutions, complying with EHR Standards-application(s) of third parties, both public & private IT vendors, would be selected. • Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. • Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per need
Fee for service	<ul style="list-style-type: none"> • The application providers having their applications hosted on IHIP can decide their fee structure to be charged from users- subscription fee / transaction fee etc. - based on service levels.
Regulatory	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc.

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Business element	model Details
Funding assistance	<ul style="list-style-type: none"> •For common services and exchange facilities, it is proposed that in initial phase funding assistance could be provided by the Ministry to various related expenses. •Subsequently, IHIP could evolve a charging mechanism / structure for the common and exchange related services, which could be based on transaction fee/ subscription fee etc.

Implementation Framework

IHIP is proposed to be implemented and managed by Centre for Health Informatics (CHI) setup by MoHFW and currently managing the operations of National Health Portal (NHP). It has been already approved to register CHI as an 'Autonomous Society' under MoHFW. The CHI will have additional roles and responsibilities, apart from IHIP and NHP, under its purview such as secretarial work of the proposed National eHealth Authority (NeHA). The CHI will be strengthened with adequate manpower and resources along with a PMU.

The Centre for Health for Informatics (CHI) will utilize the existing approved resources i.e. manpower and infrastructure for operationalization of the work related to IHIP and create necessary administrative structures, if required. The structure & manpower proposed, in respect of PMU is provided as follows:

Set-up	Details ²
PMU	<ul style="list-style-type: none"> •It will function within the Ministry of Health & Family Welfare & coordinate with the CHI. •PMU-Centre will be structured along the lines recommended in the HR Policy report, 2013 for e-Governance for Ministries undertaking large MMP. •PMU-Centre will consist of total of 10 personnel: <ul style="list-style-type: none"> ○ Programme manager : 2 ○ Functional consultants : 4 ○ Technical consultants : 4

Implementation timeframes

The development of the IHIP is envisaged over one year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

²The manpower strength shown is tentative in nature. It would be fine-tuned subsequently.

	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Set-up of PMU- Centre								
Registration of Centre for Health Informatics into a 'Society'								
Selection of agency for development of software & integration								
Development of software								
User testing								
Integration of software								
Agreement for hiring of cloud hosting services & connectivity services								
Set-up of Onsite support team at States								
Initial Roll out in select states/districts					3 states x 3 districts			
Ramp up in other states								

Cost elements

The various cost elements as identified for setting up of IHIP have been identified and are listed below. *The task of estimating these costs is underway and is expected to be completed shortly.*

Cost element	Type	Details
Test bed cost	Non-recurring	•For initial testing of IHIP
Integration of software / applications	Non-recurring	•For establishing inter-operability layers
Health information exchange set-up	Non-recurring + Recurring	•Including software and hardware
Human resource	Recurring	•Including cost of PMU
Hosting charges – Cloud	Recurring	•Cloud- 'Meghraj' - could be assumed to be available free of cost
Network Connectivity charges	Recurring	•Connectivity through various infrastructure set-up by Government – Bharat Net, NKN, NII etc. - could be assumed to be available free of cost.
Miscellaneous	Recurring	•Travels, training,

It has been assumed that the cost related to preparatory works at different public hospitals/health facilities would be taken care from the respective budgets of these hospitals/facilities.



Challenges and mitigation strategies

The various possible challenges anticipated in implementation / scale up of IHIP have been identified and accordingly mitigation strategies have been broadly outlined as follows:

Challenges	Mitigation strategy
Sustainability of IHIP	<ul style="list-style-type: none"> • Explore possible revenue sources from health information exchange platform like: <ul style="list-style-type: none"> ○ Real-time data services to different healthcare providers Asynchronous data analytics and customized reports for health care analytics organizations- these entities will generate revenue by performing customized analyses that are of value to a wide variety of potential customers. These services can include risk assessment reports for health insurance companies, automatic alerts to patients about the negative interactions of the drugs that are being prescribed, de-identified summaries of patient records for medical researchers and geographical health trends or prediction of outbreaks of infectious disease for public health authorities etc.
Adoption & change management	<ul style="list-style-type: none"> • It is proposed to follow a comprehensive framework based on awareness/sensitisation- about benefits-and training for implementation so as to properly address the challenge of change management.
Attaining critical mass in time & scaling up	<ul style="list-style-type: none"> • Key challenge would be in terms of scalability of the platform & management of the scaled up centralized platform given the varied and diverse nature of the requirements of healthcare providers ranging from individual practitioners to large hospitals across public & private sector. • Participation of public healthcare sector into IHIP could be promoted by Ministry. This would enable IHIP attain critical mass and more. • Hospital/facilities empanelled under Central Government Health Scheme (CGHS) could be advised to use IHIP for better and cost effective service delivery. • Co-working with Indian Health Information Network, different Healthcare associations etc. for promoting use of IHIP
Incentive to share EHR	<ul style="list-style-type: none"> • For public health sector, Government provided funding assistance for setting up of HIS/ EHR applications under NHM.

Challenges	Mitigation strategy
	<ul style="list-style-type: none"> • Otherwise, incentives to share EHR would need to come from Payers segment (like Insurance Companies, ESIC, Employers etc.) as they benefit significantly in terms of faster claim processing, settlement etc.
Data privacy & security	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. • NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. • Till the time NeHA is set-up, the implementing agency would take care of such matters.
Standards adoption & compliance	<ul style="list-style-type: none"> • IHIP will follow the EHR Standards notified for India. The data to be uploaded on the platform by health care providers will be as per the minimum data set defined in the EHR standards. • It will adopt Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. • It will adopt Demographics MDDS, notified by DeitY, as relevant • It will ensure framework for unique identification for patients, providers/health facilities and medical procedures

Way forward

The immediate to short term way-forward includes:

- Consultation with different key stakeholders – States/UTs, DeitY, India Health Information Network (IHIN), Industry Experts, Application/IT Vendors, Healthcare Providers etc. for fine-tuning & finalisation of the concept note
- Estimation of costs involved in setting up of IHIP once the concept in terms of services, infrastructure elements, business models, business scale & its ramp up etc. is finalised
- Generation of unique National Identification Number (NIN) for Health Facilities & providers (Public and Private) and its implementation in IT systems – **For details on NIN kindly refer Annexure -I**
- Information Dissemination and consultation with States/UTs regarding adoption of UHID as per the notified EHR Standards for India
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

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References:

1. Health MMP DPR, March 2015, by NISG
2. A Sustainable Business Model for Health Information Exchange Platforms: The Solution to Interoperability in Healthcare IT Niam Yaraghi, January 2015
3. Hillestad, R., Bigelow, J., Bower, A., Girosi, F., Meili, R., Scoville, R., & Taylor, R. (2005). Can Electronic Medical Record Systems Transform Health Care? Potential Health Benefits, Savings, and Costs.

DRAFT

Annexure –I – National Identification Number (NIN)

Overview

In view of the key challenge highlighted in Health MMP DPR that health information & patient records with different health IT systems remain trapped in silos (having virtually no inter-operability) in absence of a common identifier in the different databases, detailed discussions were held with different divisions, states and NIC. After detailed discussions & consultation, it has been decided to generate and assign unique number i.e. National Identification Number (NIN) to each of the health facilities (both public & private) in order to facilitate interoperability and information exchange between different IT systems. It is also critical for creation of electronic health records of citizens.

National Identification Number (NIN):

National Identification Number (NIN) for Health facilities of India is a random 10 digit number generated for each facility and will be unique within India. NIN is generated on the basis of LUHN algorithm where the last digit is the checksum and the rest nine digits are the random number generated. In order to identify the geographic location of the health facility, attributes like state, district, taluka, village based on MDDS (Meta Data & Data Standards) codes will be attached to NIN. The Process of the generation of NIN number has been initiated by Centre for Health Informatics (CHI) in collaboration with NIC (NIC has provided basic software for NIN generation). The further development will be done by CHI as per needs and future requirements. The National Identification Number (NIN) would be in compliance with the MDDS³ for Health domain as notified by DeitY.

Definition of the Health Facilities to be covered:

Health Facility means all Government, Private including allopathic, Ayurveda, Homeopathy, Sidha, Unani, Yoga Hospitals, clinics, diagnostic laboratories, blood banks etc.

Proposed ID Structure of NIN:

- It will be 10 Digit Unique Number given to each Health Facility.
- 9 digits will be a random number followed by 1 digit check-sum number
- First digit will never be 0

³ NIN will follow Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. It will adopt Demographics MDDS, notified by DeitY, as relevant.



Minimum Attributes to be captured in NIN

- State
- District
- Sub-District
- Village/Ward/Town/City
- Government/Semi-Government/Private
- Area: Rural/Urban
- Address

Action Plan for NIN generation, Validation & Adoption:

S. No.	Action Items
1.	Verification of data related to Health Facilities from different sources.
2.	Allocation of National Identity Number (NIN) to each Health Facility of India (HFI)
3.	All ICT Systems in Health Sector (Central, State, Private) will use NIN prospectively in new systems in order to achieve interoperability and seamless information exchange
4.	States /UTs will need to take necessary steps to incorporate NIN in their existing systems
5.	Integration with Clinical Establishment Registration & Regulation System (CERRS).

Implementation timeframes

NIN Generation, Validation & Adoption by States

Phase 1 – December 2015 – March 2016

- NIN Generation at the centre to be complete by ^{December} ~~November~~, 2015
- States to validate the NIN numbers generated for at least 90% of the Government health facilities and generate NIN for at least 50% of Private facilities by March 2016
- States to ensure that NIN is implemented prospectively in all State Program systems like MCTS, NIKHSAY etc. prospectively from FY 2015-16 in order to facilitate data collection from all government health facilities

Phase 2- March 2016- December 2016

- States to ensure "NIN" is incorporated/ impregnated in all legacy systems/ database running in the state by tweaking the existing software's in order to

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facilitate interoperability and facilitate creation of electronic health records of citizens

- Complete linkage of data/records with unique identifier (UHID) as per EHR Standards/ MDDS Standards (revised /updated standards to be notified by MoHFW in due course of time)

Indicative Cost: Total cost estimated at Rs. 7 crs for 2 years.

S. No.	Central Expenditure	Amount (in INR)
1.	Software Development for NIN including Web services	3,00,000
2.	O&M Support for NIN Application	4,50,000
3.	NIN Monitoring & Evaluation Team	72,00,000
	Total	79,50,000

S. No.	State Level Expenditure	Amount (in INR)
1.	Manpower Support to states for NIN related activities & data entry	5,66,00,000
2.	Miscellaneous Expenses – Travel & Training	56,60,000
	Total	6,22,60,000

Costing Assumptions:

Central Expenditure	No of Resources	Cost Per Resource/Month	No of Months Effort
Software Development for NIN including Web services	3	50,000.00	2
O&M Support for NIN Application	3	50,000.00	3
NIN Monitoring & Evaluation Team	6*	1,00,000.00	12

- NIN Monitoring & Evaluation Team - 1 resource has been proposed for carrying out M&E work & coordination with 6 States/UTs

State Level Expenditure

- Manpower Support to states for NIN related activities & data entry have been calculated based on the following assumptions
 - Number of unique applications taken ranging from 5-15 depending on progress status of eHealth in a state.
 - Entries of NIN for health facilities to be made in the unique applications.

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- Time required for entry of NIN for one facility in one application assumed as 5 minutes.
- Working hours as 8 in a working day , Working days as 22 in a months
- Maximum window of manpower support as 6 months
- Average cost per man-month as Rs.50000
- Miscellaneous Expenses - Travel & Training have been assumed as 10% of Manpower Support Cost

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Receipt No : 641915/2017/E-GOVERNANCE

Subject: Re: Review of comments received on Concept Note of National e-Health Authority (NeHA)- Convening the meeting regarding

Date: 12/07/15 02:08 PM

From: Vinay Thakur <vinay@gov.in>

To: Jitendra Arora <dir.ehealth@gmail.com>, supten@nihfw.org,

"Prof. Supten Sarbadhikari" <supten@gmail.com>,

Baljit Singh Bedi <bsbedi11@gmail.com>,

"NARWAL, Rajesh" <narwal@who.int>,

Srinivasan Ramakrishnan <ramkicdac@gmail.com>,

Gaur Sunder <gaurs@cdac.in>,

JITENDRA ARORA DIRECTOR <jitendra.arora@gov.in>

Cc: Agarwal K B AS <asfnd.kb@gmail.com>, sunil.sharma62@gov.in,

Amit Kumar <amit.k89@gov.in>,

"Shrivastava, Chandrasen (IN - Delhi)" <chandrasens@deloitte.com>

Nikhil Malhotra <nimalhotra@deloitte.com>

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Dear Sir

Following inputs may be considered-

- Standards – Adherence to Health metadata and data standards and EHR standard notified by M/o Health and Family Welfare may be included.
- Connectivity being critical in IHIP, Network Architecture needs to be elaborated and capacity demand at PHC, SHC and CHC may be factored in.
- Common Application Software, data sharing through Open APIs may be emphasized
- The name "Integrated Health Information Platform" may be simplified. "IHP – Integrated Health Project" or "Integrated Health Management(IHMP)" may be considered.

Regards

Vinay Thakur

Director, NeGD DeitY

On 11/16/15 10:45, Jitendra Arora <dir.ehealth@gmail.com> wrote:

Dear Sir/Madam,

Ministry of Health and Family welfare proposed to set up a National eHealth Authority as a promotional, regulatory and standards setting organization to guide and support India's journey in e-Health and consequent realization of benefits of ICT intervention in Health sector in an orderly way.

2. Accordingly, a concept note for setting up of National eHealth Authority was prepared & placed in public domain on 16th March, 2015 with a view to elicit comments/views of the stakeholders including the general public.

3. In order to facilitate review by the Committee, the responses/ comments / views received from various stakeholders have been classified & further bifurcated into the following mentioned categories :

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- . Vision / Mission / Goals / Scope
- . Core Functions
- . Other Functions / HIE
- . Governance Structure & Institutional Mechanism
- . Opportunity for Collaboration / Product Demonstration
- . General Comments
- . Covered under Health MMP DPR

Thereafter, the comments/ views / feedback received on concept note of NeHA have been reviewed and sub-categorized as per the following matrix:

- . C - already covered
- . A - could be added
- . X - not relevant
- . F - for further discussion/consideration
- . L - to be done by NeHA later

The same has been enclosed for further review and incorporation as appropriate by the Committee. Committee members are requested to kindly go through the comments and chairman is requested to indicate suitable date and time/ venue for holding the meeting.

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

On Thu, Nov 12, 2015 at 10:49 AM, Amit Kumar <amit.k89@gov.in> wrote:

Sir,

With the approval of JS (eGov), a Committee has been constituted to review and evaluate the comments received from the Stakeholders on the concept Note on NeHA. The composition of the Committee is as follows:

1. Prof S N Sarbadhikari, NIHF - Chairman
2. Mr S Ramki, Advisor, NISG - Member
3. Mr B S Bedi, Advisor, C-DAC - Member
4. Mr Gaur Sunder, C-DAC Pune iNRC SNOMED CT India - Member
5. Mr Vinay Thakur, Director (eGov), DeitY - Member
6. Mr. Rajesh Narwal, Representative, WHO - Member
7. Director, eGov, MoHFW - Member Convener

Please find attached the constitution order for the same.

Regards
Amit Kumar
Assistant Director (eGovernance)
Ministry of Health & Family Welfare
Room No. 425C
Nirman Bhawan

Receipt No : 641918/2017/E-GOVERNANCE



Jitendra Arora <dir.ehealth@gmail.com>

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Concept Note on 'Integrated Health Information Platform' (IHIP)

Jitendra Arora <dir.ehealth@gmail.com>

Sat, Dec 5, 2015 at 11:24 AM

To: secretary@deity.gov.in

Cc: "vinay@gov.in" <vinay@gov.in>, "anoop@gov.in" <anoop@gov.in>, Agarwal K B AS

<asfnd.kb@gmail.com>, sunil.sharma62@gov.in

Respected Sir,

It is proposed to set up 'Integrated Health Information Platform' (IHIP) { as part of MMP for Health} for the purpose of facilitating better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilization of resources, availability of information/ data - in secure manner and on real time basis - through integration of systems to ensure a comprehensive EHR Solution.

A D.O letter from Shri Sunil Sharma, JS (eGov) along with the draft concept note on setting up of IHIP is attached herewith.

You are requested to kindly offer the comments on the Concept Note at the earliest to enable the Ministry to take further necessary action.

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
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2 attachments **DO letter.pdf**
907K **Integrated_Health_Information_Platform_Concept_Note_V1.0_20150831_(1).pdf**
859K



Concept Note

Integrated Health Information Platform (IHIP)

Ministry of Health & Family Welfare

November, 2015

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Abbreviations and Acronyms

API	Application Programming Interface
CHI	Centre For Health Informatics
DeitY	Department of Electronics & information Technology
DPR	Detailed Project Report
DSS	Decision Support System
EFC	Expenditure Finance Committee
EHR	Electronic Health Record
EMR	Electronic Medical Record
HIS	Hospital Information System
IaaS	Infrastructure-as-a-Service
ICT	Information & Communication Technology
IHIP	Integrated Health Information Platform
M2M	Machine-to-Machine
MMP	Mission Mode Project
MoHFW	Ministry of Health & Family Welfare
NeGP	National eGovernance Plan
NeHA	National eHealth Authority
NHP	National Health Portal
PMU	Project Management Unit
SFC	Standing Finance Committee

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Executive Summary

For effective adoption of ICT in Indian healthcare- aligned with health sector goals under Digital India Programme- need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange has emerged critical. The Steering Committee on eHealth – chaired & co-chaired by Secretary (HFW) and Secretary (DeitY) respectively- has decided to establish an 'Integrated Health Information Platform (IHIP)'.

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc. - that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide. This would facilitate continuity of care, confidential & secure health data/records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies & medical errors, low data redundancy, big data analytics etc. A framework of unique identification for patients, providers/health facilities and medical procedures would be incorporated so as interoperability (and thence longitudinal medical record) is attained amongst different health IT systems.

IHIP is proposed to encompass various components like e-Health applications, e-Health data; and eHealth infrastructure. Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course.

IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. At backend, Cloud Computing environment would be utilized. However, individual hospitals/healthcare facilities will have to put in the required infrastructure – terminals, peripheral hardware etc.- in their premises in order to access and use IHIP. Tried & tested open source solutions complying with EHR Standards offered by third parties, both public & private IT vendors, would be hosted on IHIP. Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per their need.

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IHIP is proposed to be implemented and managed by Centre for Health Informatics (CHI) setup by MoHFW and currently managing the operations of National Health Portal (NHP). It has been already approved to register CHI as a 'Society' under MoHFW. The CHI will have additional roles and responsibilities, apart from IHIP and NHP, under its purview such as secretarial work of the proposed National eHealth Authority (NeHA). The CHI will be strengthened with adequate manpower and resources along with a PMU.

The development of the IHIP is envisaged over one year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

Sustainability of IHIP needs to be addressed properly. For ensuring sustainability is attained, IHIP is planned to explore various possible revenue sources including from health information exchange platform like real-time data services to different healthcare providers, asynchronous data analytics /customized reports for health care analytics organizations etc. However, in short-to-medium term it would require funding assistance from the government, till it achieves a critical mass.

The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. Till the time NeHA is set-up, the implementing agency would take care of such matters.

The immediate to short term way-forward on setting up of IHIP includes:

- Consultation with different key stakeholders – States/UTs, DeitY, India Health Information Network (IHIN), Industry Experts, Application/IT Vendors, Healthcare Providers etc. for fine-tuning & finalisation of the concept note
- Estimation of costs involved in setting up of IHIP once the concept in terms of services, infrastructure elements, business models, business scale & its ramp up etc. is finalised
- Generation of unique National Identification Number (NIN) for Health Facilities & providers (Public and Private) and its implementation in IT systems - **For details on NIN kindly refer Annexure -I**
- Information Dissemination and consultation with States/UTs regarding adoption of UHID as per the notified EHR Standards for India
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

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Introduction

This Concept Note outlines objectives, components along with high level architecture, business model, implementation framework, cost elements & estimate etc. for the proposed Integrated Health Information Platform (IHIP). It has been prepared based on DPR of Health MMP, discussions held in meeting of Steering Committee on eHealth, deliberations held with MoHFW's officials/ DeitY/Experts/ Solution Vendors etc., and review of select relevant documents available through desk research.

This Concept Note provides a base document for further discussion with the relevant stakeholders and subsequent fine-tuning & elaboration before it is converted into a proposal for EFC/SFC.

Background

During the last two years, a detailed exercise had been undertaken for scoping and preparation of project report for comprehensive adoption of ICT in Indian healthcare under Health Mission Mode Project (MMP)-aligned with Digital India Programme and E-Kranti (NeGP 2.0). It emphasised primarily upon the need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange.

Creation of EHRs of citizens and establishment of supporting infrastructure/mechanism for exchange of health records emerges as one of the key focus areas under the plan for comprehensive use of ICT in healthcare. Accordingly, in the meeting of Steering Committee on eHealth held on 27th July, 2015, it was deliberated and decided to establish an 'Integrated Health Information Platform' primarily focusing on interoperable EHRs and subsequently to encompass other key components of eHealth, as feasible, like Drug Supply Chain Management, Citizen Portal etc., as underlined in Health MMP DPR.

Issues to be addressed

It has been observed those healthcare organisations are mostly operating in data-rich but information-poor environment. Patient health data is being gathered / stored - distributed over a number of locations and via a number of IT solutions - which is generally inaccessible, improperly formatted/not standardised and hence not interoperable. System interoperability along with supportive IT frameworks and optimal information exchange to support better healthcare services and thus outcomes is the key requirement in the prevailing scenario. Also need is there for transforming

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data into information and evidence, which could help in decision support systems (DSSs).

Multiple data sources need to be integrated in meaningful ways to improve services in relation to access, quality, user satisfaction and efficiency. With information sharing, volumes of independent sets of data across multiple systems can be brought together in integrated, relevant and useful summary views. Integrated data can be de-identified and aggregated in such a way to enable policy-making decisions at public health level. The current focus is more on "pushing" vs "pulling" data, which often leads to ineffective data sharing and impedes care quality and efficiency impacting outcomes.

Key issues need to be addressed

- Fragmented information streams/systems
- Quality of data
- Large volume of data collected
- Duplication of data collection – *Data Redundancy*
- Sub-optimal resource utilisation due to duplicate information systems
- Lack of interoperability & accessibility of information
- Lack of unique identifiers for patients, providers & health facilities
- 'Push' vs. 'Pull' model of data sharing

It is essential that information can be accessed from anywhere in the health system to facilitate seamless communication in between different stakeholders like patient-to-provider, provider-to-provider, provider-to-health managers/government agencies, government/provider-to-academia etc. Data should only be recorded once, at its source (single instance capture), the systems need to be sustainable, data must be standardised and understandable and the system needs to be available locally.

Objectives of IHIP& Outcome envisaged

The overall and ultimate purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilisation of resources, availability of information/data – in secure manner and on real time basis- through integration of systems to ensure a comprehensive EHR Solution.

- **To aggregate & share data – by combining data source/health records at different places, improve quality by reducing duplication and manual transmission of data; ensure availability of health records / data across stakeholders/providers/hospitals, and**

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- To optimise resource – reduce duplication of data collection, reduce development and maintenance of overlapping systems.

The specific objectives envisaged to be achieved through IHIP include:

- To leverage information & communication technologies (ICTs), aligned with health care goals under Digital India Programme & E-Kranti, meeting the requirements of different stake-holder groups- citizens, providers, policy makers & program managers
- To set-up a health information technology platform hosted on Cloud which has integrated and inter-operable standards compliant&open source healthcare management applications along with infrastructure/services for health information highway
- To enable real time collection & aggregation of data in an efficient & effective manner and to facilitate exchange of data across systems and stake-holders by establishing a framework for unique identification for patients, providers/health facilities and medical procedures.
- To facilitate improvement in quality/continuity and affordability of care through interoperable EHRs and better utilisation of resources
- To enable effective and efficient management of population health through real time aggregated data

The key outcomes/benefits envisaged from IHIP for different stake-holder groups include:

Stakeholder group	Outcome/ benefits
Citizen / Patient	<ul style="list-style-type: none"> • Continuity of care • Confidential & secure health data/records management • Better affordability-by avoiding redundant examination/ tests/procedures
Healthcare Providers	<ul style="list-style-type: none"> • Availability of real time and standardised data/information • Optimal information exchange to support better health outcome • Better decision support system • Fewer redundancies & medical errors

Stakeholder group		Outcome / benefits
Payers		<ul style="list-style-type: none"> • Better and smoother management of billing and claims processes • Enhanced precision and speed of coverage payments to healthcare service • Better analysis of cost-effectiveness of coverage policies • Business intelligence and more sophisticated data analysis towards better coverage policies planning etc.
Government/ Health Managers	Health	<ul style="list-style-type: none"> • Reduced duplication of data (single instance capture) - low data redundancy • Less fragmentation & more standardisation health information systems • Strengthening of evidence base for effective policies • Big data analytics - Dashboards for Monitoring & Evaluations facilitating effective decision making

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc.- that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide irrespective of whichever hospital/ healthcare provider he/she went to.

Components and Architecture

The various design aspects – in line with the prevailing challenges - considered while conceptualising IHIP include the following:

Integration of multiple systems – primarily patient centric- working in silos
Data capturing at source in digital format
Sharing and aggregation of quality data with minimum latency across applications and stake-holders
Availability of uniquely identifiable, easily traceable & verifiable data/records in the system
Access to quality data to health managers, policy makers etc. capturing various parameters linked with determinants of health for effective & efficient healthcare delivery

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In line with the envisaged objectives, IHIP is proposed to encompass various components grouped as **e-Health applications** - describing tools and systems that will be used by users to interact with the system or for data processing; **e-Health data** - describing major data items and data that will be shared between components; and **e-Health infrastructure**: describing computing infrastructure required to support eHealth solutions.

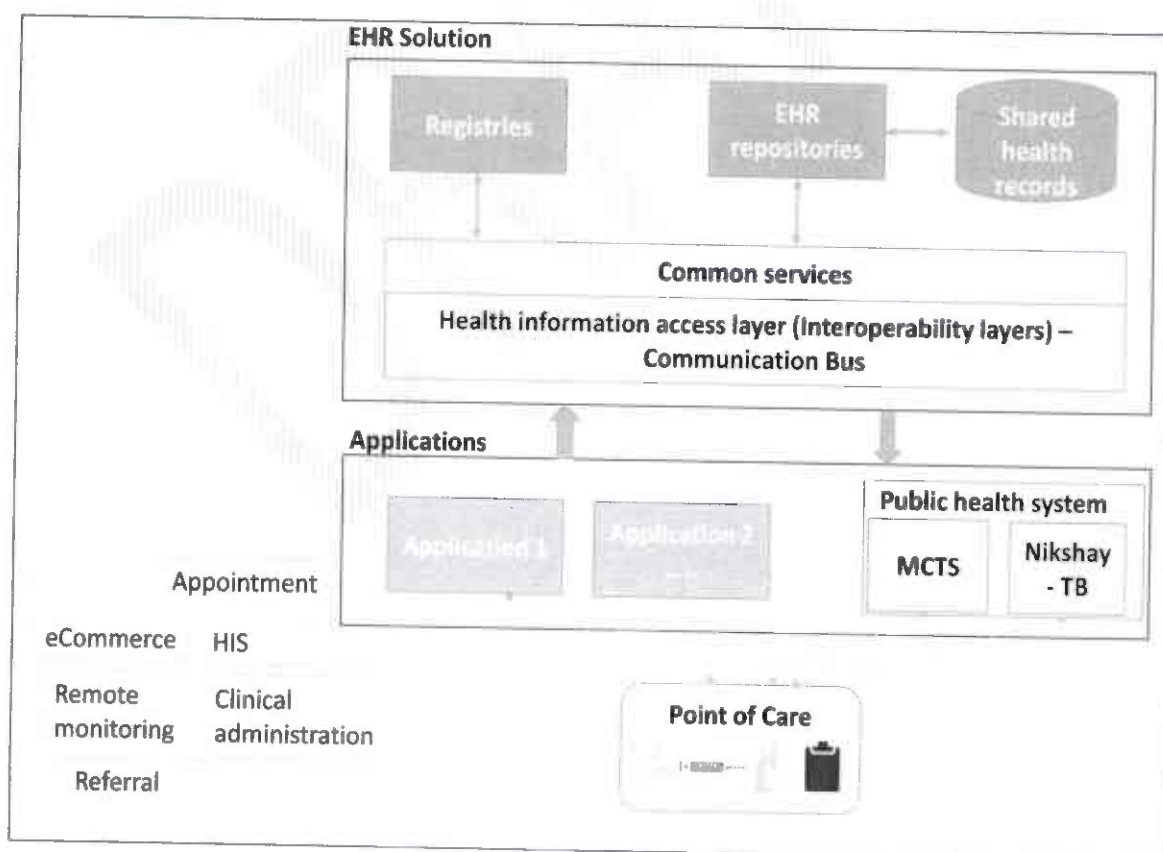
Category	Brief
eHealth applications	
Application / Solution	<ul style="list-style-type: none"> • To meet various requirements related to creation of EHR through 'suite for digital health records creation & management' consisting of¹: <ul style="list-style-type: none"> ○ Hospital information management/ Clinical administration ○ Electronic medical records - medications, hospitalization records, and laboratory test results, and radiology images etc. ○ Remote patient monitoring - through internet-of-things; wearable devices, M2M technologies etc. ○ Tele-health ○ E-commerce- billing, payment, insurance claims etc. ○ Patient communications - SMS, emails, voice ○ Business intelligence & Analytics ○ Etc. • Also to include Public Health Applications/Systems having interface with patient/citizen health records -those related to disease control/immunisation like Mother & Child Tracking System , TB Control Programme etc.
Information Exchange	<ul style="list-style-type: none"> • To facilitate exchange of information between different EMR systems • To connect to a database in which the medical records of the patients are collected from multiple providers and consolidated together • Exchange between patients, healthcare providers, payers, medical data providers
eHealth infrastructure	
Hosting environment	<ul style="list-style-type: none"> • Hosting of servers -application, database- on 'Cloud' • User of IHIP doesn't need to own servers/ storage/database

¹ Given on illustrative basis; suite may include all or some



Category	Brief
&Database management Standards	<ul style="list-style-type: none"> • Compliance of applications to EHR Standards, Open Source Software Policy, Open API Policy, other relevant eGovernance Standards
Privacy & Security	<ul style="list-style-type: none"> • Patient consent/ permissions • Disclosure management
eHealth data	
Registry / Identifiers	<ul style="list-style-type: none"> • Unique identifiers for patients, providers, health facilities
Repositories	<ul style="list-style-type: none"> • Health records

An architecture representing the fundamental organisation of IHIP's components, their logical relation to each other/other systems and their inter-dependencies has been outlined and presented as below. These components need to interact amongst themselves according to a certain plan or design.





The points of care already having EHR applications running could join the platform for various common services and information exchange facilities/ interoperability features.

Business model

Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course. These are detailed as follows. IHIP is proposed to use public - private partnership in an effective manner.

Business element	model	Details
Infrastructure as a service	a	<ul style="list-style-type: none"> •IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. •At backend, Cloud Computing environment would be utilized. •However, individual hospitals/healthcare facilities will have to put in the required infrastructure - terminals, peripheral hardware etc. - in their premises in order to access and use IHIP.
Application as a service		<ul style="list-style-type: none"> •Based on evaluation - tried & tested solutions, open source solutions, complying with EHR Standards-application(s) of third parties, both public & private IT vendors, would be selected. •Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. •Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per need
Fee for service		<ul style="list-style-type: none"> •The application providers having their applications hosted on IHIP can decide their fee structure to be charged from users- subscription fee / transaction fee etc.- based on service levels.
Regulatory		<ul style="list-style-type: none"> •The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by



Business element	model Details
Funding assistance	<p>the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc.</p> <ul style="list-style-type: none"> •For common services and exchange facilities, it is proposed that in initial phase funding assistance could be provided by the Ministry to various related expenses. •Subsequently, IHIP could evolve a charging mechanism / structure for the common and exchange related services, which could be based on transaction fee/ subscription fee etc.

Implementation Framework

IHIP is proposed to be implemented and managed by Centre for Health Informatics (CHI) setup by MoHFW and currently managing the operations of National Health Portal (NHP). It has been already approved to register CHI as an 'Autonomous Society' under MoHFW. The CHI will have additional roles and responsibilities, apart from IHIP and NHP, under its purview such as secretarial work of the proposed National eHealth Authority (NeHA). The CHI will be strengthened with adequate manpower and resources along with a PMU.

The Centre for Health for Informatics (CHI) will utilize the existing approved resources i.e. manpower and infrastructure for operationalization of the work related to IHIP and create necessary administrative structures, if required. The structure & manpower proposed, in respect of PMU is provided as follows:

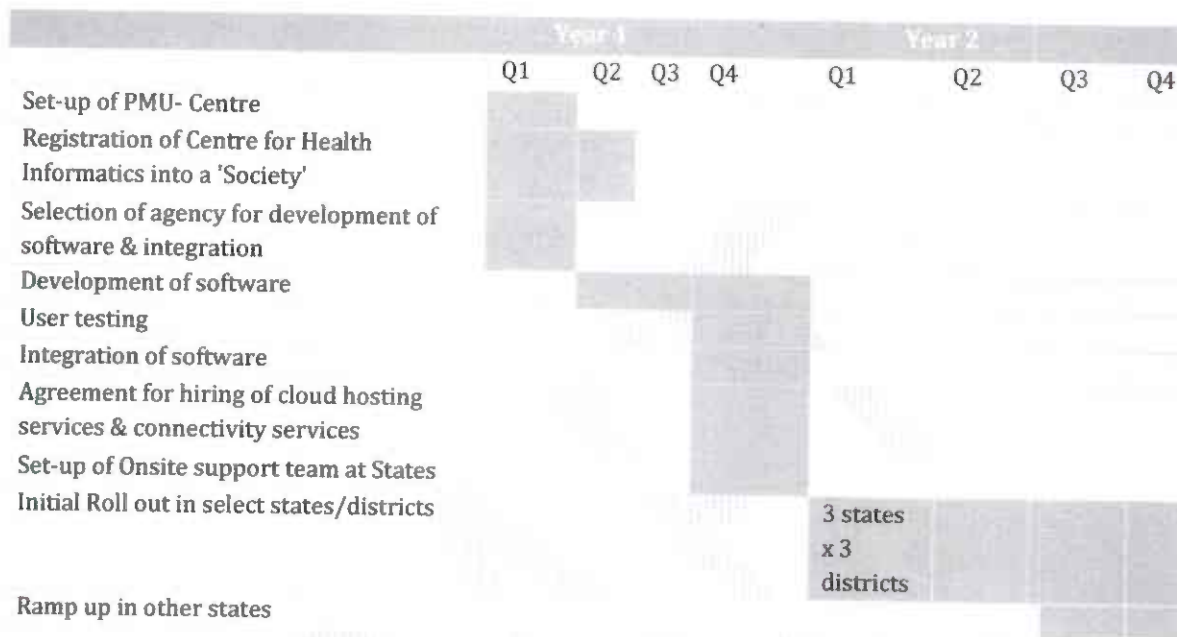
Set-up	Details ²
PMU	<ul style="list-style-type: none"> •It will function within the Ministry of Health & Family Welfare & coordinate with the CHI. •PMU-Centre will be structured along the lines recommended in the HR Policy report, 2013 for e-Governance for Ministries undertaking large MMP. •PMU-Centre will consist of total of 10 personnel: <ul style="list-style-type: none"> ○ Programme manager : 2 ○ Functional consultants : 4 ○ Technical consultants : 4

²The manpower strength shown is tentative in nature. It would be fine-tuned subsequently.

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Implementation timeframes

The development of the IHIP is envisaged over one year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.



Cost elements

The various cost elements as identified for setting up of IHIP have been identified and are listed below. The task of estimating these costs is underway and is expected to be completed shortly.

Cost element	Type	Details
Test bed cost	Non-recurring	•For initial testing of IHIP
Integration of software / applications	Non-recurring	•For establishing inter-operability layers
Health information exchange set-up	Non-recurring + Recurring	•Including software and hardware
Human resource	Recurring	•Including cost of PMU
Hosting charges – Cloud	Recurring	•Cloud- 'Meghraj' - could be assumed to be available free of cost
Network Connectivity charges	Recurring	•Connectivity through various infrastructure set-up by Government – Bharat Net, NKN, NII etc. - could be assumed to be available free of cost.
Miscellaneous	Recurring	•Travels, training,



It has been assumed that the cost related to preparatory works at different public hospitals/health facilities would be taken care from the respective budgets of these hospitals/facilities.

Challenges and mitigation strategies

The various possible challenges anticipated in implementation / scale up of IHIP have been identified and accordingly mitigation strategies have been broadly outlined as follows:

Challenges	Mitigation strategy
Sustainability of IHIP	<ul style="list-style-type: none"> • Explore possible revenue sources from health information exchange platform like: <ul style="list-style-type: none"> ○ Real-time data services to different healthcare providers Asynchronous data analytics and customized reports for health care analytics organizations- these entities will generate revenue by performing customized analyses that are of value to a wide variety of potential customers. These services can include risk assessment reports for health insurance companies, automatic alerts to patients about the negative interactions of the drugs that are being prescribed, de-identified summaries of patient records for medical researchers and geographical health trends or prediction of outbreaks of infectious disease for public health authorities etc.
Adoption & change management	<ul style="list-style-type: none"> • It is proposed to follow a comprehensive framework based on awareness/sensitisation- about benefits- and training for implementation so as to properly address the challenge of change management.
Attaining critical mass in time & scaling up	<ul style="list-style-type: none"> • Key challenge would be in terms of scalability of the platform & management of the scaled up centralized platform given the varied and diverse nature of the requirements of healthcare providers ranging from individual practitioners to large hospitals across public & private sector. • Participation of public healthcare sector into IHIP could be promoted by Ministry. This would enable IHIP attain critical mass and more. • Hospital/facilities empanelled under Central Government Health Scheme (CGHS) could be advised to use IHIP for better

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Challenges	Mitigation strategy
Incentive to share EHR	<p>and cost effective service delivery.</p> <ul style="list-style-type: none"> • Co-working with Indian Health Information Network, different Healthcare associations etc. for promoting use of IHIP • For public health sector, Government provided funding assistance for setting up of HIS/ EHR applications under NHM. • Otherwise, incentives to share EHR would need to come from Payers segment (like Insurance Companies, ESIC, Employers etc.) as they benefit significantly in terms of faster claim processing, settlement etc.
Data privacy & security	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. • NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. • Till the time NeHA is set-up, the implementing agency would take care of such matters.
Standards adoption & compliance	<ul style="list-style-type: none"> • IHIP will follow the EHR Standards notified for India. The data to be uploaded on the platform by health care providers will be as per the minimum data set defined in the EHR standards. • It will adopt Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. • It will adopt Demographics MDDS, notified by DeitY, as relevant • It will ensure framework for unique identification for patients, providers/health facilities and medical procedures

Way forward

The immediate to short term way-forward includes:

- Consultation with different key stakeholders – States/UTs, DeitY, India Health Information Network (IHIN), Industry Experts, Application/IT Vendors, Healthcare Providers etc. for fine-tuning & finalisation of the concept note
- Estimation of costs involved in setting up of IHIP once the concept in terms of services, infrastructure elements, business models, business scale & its ramp up etc. is finalised
- Generation of unique National Identification Number (NIN) for Health Facilities & providers (Public and Private) and its implementation in IT systems – **For details on NIN kindly refer Annexure -I**
- Information Dissemination and consultation with States/UTs regarding adoption of UHID as per the notified EHR Standards for India

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- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

References:

1. Health MMP DPR, March 2015, by NISG
2. A Sustainable Business Model for Health Information Exchange Platforms: The Solution to Interoperability in Healthcare IT Niam Yaraghi, January 2015
3. Hillestad, R., Bigelow, J., Bower, A., Girosi, F., Meili, R., Scoville, R., & Taylor, R. (2005). Can Electronic Medical Record Systems Transform Health Care? Potential Health Benefits, Savings, and Costs.

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Annexure –I – National Identification Number (NIN)

Overview

In view of the key challenge highlighted in Health MMP DPR that health information & patient records with different health IT systems remain trapped in silos (having virtually no inter-operability) in absence of a common identifier in the different databases, detailed discussions were held with different divisions, states and NIC. After detailed discussions & consultation, it has been decided to generate and assign unique number i.e. National Identification Number (NIN) to each of the health facilities (both public & private) in order to facilitate interoperability and information exchange between different IT systems. It is also critical for creation of electronic health records of citizens.

National Identification Number (NIN):

National Identification Number (NIN) for Health facilities of India is a random 10 digit number generated for each facility and will be unique within India. NIN is generated on the basis of LUHN algorithm where the last digit is the checksum and the rest nine digits are the random number generated. In order to identify the geographic location of the health facility, attributes like state, district, taluka, village based on MDDS (Meta Data & Data Standards) codes will be attached to NIN. The Process of the generation of NIN number has been initiated by Centre for Health Informatics (CHI) in collaboration with NIC (NIC has provided basic software for NIN generation). The further development will be done by CHI as per needs and future requirements. The National Identification Number (NIN) would be in compliance with the MDDS³ for Health domain as notified by DeitY.

Definition of the Health Facilities to be covered:

Health Facility means all Government, Private including allopathic, Ayurveda, Homeopathy, Sidha, Unani, Yoga Hospitals, clinics, diagnostic laboratories, blood banks etc.

Proposed ID Structure of NIN:

- It will be 10 Digit Unique Number given to each Health Facility.
- 9 digits will be a random number followed by 1 digit check-sum number
- First digit will never be 0

³NIN will follow Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. It will adopt Demographics MDDS, notified by DeitY, as relevant.



Minimum Attributes to be captured in NIN

- State
- District
- Sub-District
- Village/Ward/Town/City
- Government/Semi-Government/Private
- Area: Rural/Urban
- Address

Action Plan for NIN generation, Validation & Adoption:

S. No. Action Items

1. Verification of data related to Health Facilities from different sources.
2. Allocation of National Identity Number (NIN) to each Health Facility of India (HFI)
3. All ICT Systems in Health Sector (Central, State, Private) will use NIN prospectively in new systems in order to achieve interoperability and seamless information exchange
4. States /UTs will need to take necessary steps to incorporate NIN in their existing systems
5. Integration with Clinical Establishment Registration & Regulation System (CERRS).

Implementation timeframes

NIN Generation, Validation & Adoption by States

Phase 1 - December 2015 - March 2016

- NIN Generation at the centre to be complete by November, 2015
- States to validate the NIN numbers generated for at least 90% of the Government health facilities and generate NIN for latest 50% of Private facilities by March 2016
- States to ensure that NIN is implemented prospectively in all State Program systems like MCTS, NIKHSAY etc. prospectively from FY 2015-16 in order to facilitate data collection from all government health facilities

Phase 2- March 2016- December 2016

- States to ensure "NIN" is incorporated/ impregnated in all legacy systems/ database running in the state by tweaking the existing software's in order to



facilitate interoperability and facilitate creation of electronic health records of citizens

- Complete linkage of data/records with unique identifier (UHID) as per EHR Standards/ MDDS Standards (revised /updated standards to be notified by MoHFW in due course of time)

Indicative Cost:

S. No.	Central Expenditure	Amount (in INR)
1.	Software Development for NIN	10,00,000
2.	NIN Validation by States & IT Support in NIN Generation	15,00,000
3.	PMU for NIN Activities-Centre	1,44,00,000
	Total	1,69,00,000

S. No.	State Level Expenditure	Amount (in INR)
1.	Manpower Support to states for NIN related activities & data entry	43,20,00,000
2.	Miscellaneous Expenses – Travel & Training	2,16,00,000
	Total	45,36,00,000

Costing Assumptions:

Central Expenditure	No of Resources	Cost Per Resource/Month	No of Months Effort
Software Development for NIN	5	50,000	4
NIN Validation by States & IT Support in NIN Generation	5	50,000	6
PMU -Centre	3	2,00,000	24

State Level Expenditure	No of Resources	Cost Per Resource/Month	No of Months Effort
Manpower Support to states for NIN related activities & data entry	10	50000	24
Miscellaneous Expenses - Travel & Training		5 % of Manpower Support Cost	

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Receipt No : 641918/2017/E-GOVERNANCE

Subject: DO letter to States for Draft Concept note on IHIP

Date: 11/20/15 06:23 PM

To: Supten@gmail.com, supten@nihfw.org, at@nihfw.org,
gmbdcor@gmail.com, Adddir.mediser@gujrat.gov.in,
Director.medical.care.up@gmail.com, Badreevishaal@gmail.com,
gmmisnrhm@gmail.com, Kartikeyan.l@ihat.in,
chandrasens@deloitte.com, Sk.garg@esic.in, d.lahiri@esic.in,
ddmiscfw@gmail.com, Srhm.tn@nic.in, trainingsrhm@gmail.com,
Srhm.tn@nic.in, N_j2@rediffmail.com, Mdnrhm-chd@gmail.com,
ayyajtamboli@yahoo.com

From: "Ashish Sharma" <ashish.sharma91@gov.in>

Cc: JITENDRA ARORA DIRECTOR <jitendra.arora@gov.in>,
dir.ehealth@gmail.com,
Sunita Dhaundiyal <sunita.dhaundiyal@nic.in>,
Amit Kumar <amit.k89@gov.in>, nimalhotra@deloitte.com,
bhanuprakash@deloitte.com

DO letter to States for Draft Concept note on IHIP... (845kB)

Integrated_Health_Information_Platform_Concept_Not... (883kB)

Respected Sir/Madam

It is proposed to set up 'Integrated Health Information Platform' (IHIP) for the purpose of facilitating better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilization of resources, availability of information/ data - in secure manner and on real time basis - through integration of systems to ensure a comprehensive EHR Solution.

A D.O letter from Shri Sunil Sharma, JS (eGov) along with the draft concept note on setting up of IHIP is attached herewith. You are requested to offer your comments on the Concept Note by 27th November, 2015 to enable the Ministry to take further necessary actions.

Regards

Ashish Sharma
Assistant (eGov)
MoHFW (011-23062263)

Receipt No : 641918/2017/E-GOVERNANCE**Subject: Minutes of Consultation with States/UTs on eGovernance held on 02.11.2015**

Date: 11/27/15 04:41 PM

From: "Amit Kumar" <amit.k89@gov.in>

08

To: sechfwd@gujarat.gov.in, phsrajasthan@gmail.com,
hfwsec@gmail.com, prs-hfw@karnataka.gov.in,
prl.secy.hmfwap@gmail.com, poonam.malakondaiah@gmail.com,
sheelv@nic.in, psecup.health@gmail.com, secy.hlth@kerala.gov.in,
secy@health.kerala.gov.in, hs-chd@nic.in

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Sunita Dhaundiyal <sunita.dhaundiyal@nic.in>,
nimalhotra@deloitte.com, bhanuprakash@deloitte.com,
chandrasens@deloitte.com

Action Points _2nd November 2015_v1.1 (1).pdf (16kB)

Respected Sir,

A full day consultation was held with select states/UTs on eGovernance initiatives in the respective states/UTs, in MoHFW, Nirman Bhawan, New Delhi on 2nd November 2015 under the chairmanship of Shri. K.B. Agarwal, Additional Secretary (eGovernance) from 9.30 A.M in Room No.249, A-wing).

Please find attached the minutes of the same.

Regards

Amit Kumar

Assistant Director (eGovernance)

Ministry of Health & Family Welfare

Room No. 425C

Nirman Bhawan

New Delhi – 110 011

Tel: 011 – 2306 2263

Mobile: 9582861973

Receipt No : 641918/2017/E-GOVERNANCE

Sunil Sharma, IRPS

Joint Secretary



सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108
Tel. : +91-11-23061773
Fax : 91-11-23062157
E-mail : sunil.sharma62@gov.in

D.O. No. Q-11013/3/2015-eGov

Dated the 8 November, 2015

Dear Sir/Madam,

It is proposed to set up 'Integrated Health Information Platform' (IHIP) for the purpose of facilitating better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilization of resources, availability of information/ data – in secure manner and on real time basis – through integration of systems to ensure a comprehensive EHR Solution.

The key issues envisaged to be addressed are as under:

- Fragmented information streams/ systems
- Quality of data
- Large volume of data collected
- Duplication of data collection- Data Redundancy
- Sub- optimal resource utilization due to duplicate information systems
- Lack of interoperability and accessibility of information
- 'Push' vs. 'Pull' model of data sharing

A copy of the Concept Note on setting up of IHIP is enclosed herewith.

I would like to request you to offer the comments of the State Govt on the Concept Note by 27th November, 2015 to enable this Ministry to take further necessary actions.

With regards,

Yours Sincerely,

(Sunil Sharma)

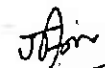
Encl: As above

Principal Secretary of Gujarat, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Kerala, Chandigarh.

Receipt No : 641918/2017/E-GOVERNANCE

Copy to:

S.No	Name	Designation	Official Address
01.	Ayyaj Tamboli	MD NHM Chhattisgarh	Indrawali Bhawan, Naya Raipur
02.	Naveen Jain	MD, NHM	NHM Building jaipur
03.	S-K Garg	Additional Commisioner	ESIC HQ, New Delhi
04.	Dr. M Senthil Kumar	DD (NRHM)	NHM- Tamil Nadu, Chennai
05.	B Rajasekhara Reddy	Dy. Director	O/o Commissioner, HFW, Hyderabad, Andhra Pradesh
06.	Dr. Manoj Yadu	GM(MIS)	SPMIS, NHM-UP
07.	Shri Jitendra Garg	GM(BD)	BBNL
09.	Shri Sunil Kumar	Senior Technical Director	NIC, MoHFW
10.	Dr. Sunil R. Avashia	Additional Director	Com of health
11.	Dr. Badri Vishal	Additional Director, Medical Care	DGMS office UP
12.	Shri S. N. Sarbadhikari	Project Director, CHI of NHP	NIHFW, Munirka New Delhi
13.	Shri Ankit Tripathi	Additional Director	NIHFW
14.	Kartikeyan Loganathan	ICT Specialist	TSU, Lucknow, UP
15.	R. Palanivelan	Assistant Director	NHM- Tamil Nadu, Chennai
16.	Pankaj Rahi	State programme manager, IT and HMIS	O/o MD, NHM, DHS, Chandigarh



(Jitendra Arora)
Director(eGovernance)
Ph No. 23062317

eGovernance Division**MoHFW**

Subject: Consultation with States/UTs on eGovernance Initiatives held on 2nd November, 2015

1. A full day consultation was held with select states/UTs on eGovernance initiatives in the respective states/UTs, in MoHFW, Nirman Bhawan, New Delhi on 2nd November 2015 under the chairmanship of Shri. K.B. Agarwal, Additional Secretary (eGovernance) from 9.30 A.M in Room No.249, A-wing). The list of participants is provided at **Annexure I**.
2. The objective of this consultation was to understand the current status of the eGovernance initiatives in the states/UTs, to facilitate sharing of experience among states, to take learning and identify the good solution(s) for replication/adoption elsewhere.
3. The representatives from states/UTs made detailed presentations on various eGovernance initiatives being implemented in the respective states/UTs, followed discussion/deliberation covering aspects like beneficiary coverage, outcomes, conformance to (eGovernance and Health IT) standards, protocol for privacy & security of data, challenges faced, learning etc.
4. Shri Sunil Bhushan, STD,NIC briefed the participants regarding the requirement of unique identification number to be assigned to each and every health facilities in the country in order to facilitate interoperability between different health IT systems. He further mentioned that MoHFW was working in this direction for creation and assigning National Identification Number (NIN) to health facilities, which is in conformance with Metadata & Data Standards by DeitY.
5. The representative from ESI Corporation, Shri S K Garg, Additional Commissioner, ESIC made a presentation on Hospital Information System implemented in the Corporation and shared its experience/learning. He highlighted the practices being followed in the Corporation for creation of EMR and sharing of medical records between the network hospitals & dispensaries.
6. Shri Jitendra Garg, General Manager, BBNL briefed the participants about the plan of NOFN (now being restructured as Bharat Net) and its current status. He mentioned that as on date NOFN has been operationalized in the states of

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Karnataka, Kerala, Pondicherry & Chandigarh. Further, he requested MoHFW to delineate its requirements in terms of bandwidth at the different levels of usage.

7. After detailed deliberation, the following decisions were taken:

- a) States may involve research institutions and academia in health data analytics.
- b) States should endeavor to ensure assignment of Unique IDs to health facilities, practitioners and patients, which is one of the key requirements for establishing interoperability between different Health IT systems.
- c) Shri Sunil Bhushan, STD, NIC may draft a note on NIN (including roles of centre and states) to be circulated to states/UTs for feedback/suggestions.
- d) Shri Sunil Bhushan, STD, NIC may facilitate the States/UTs in adopting/ roll-out of eHospital (cloud-based application) and Online Registration System (ORS) in hospitals/health facilities in their respective states.
- e) A committee may be constituted for discussion/deliberation on how MoHFW can leverage NOFN / Bharat Net connectivity for service delivery. The committee may include the following participants:
 - i. Joint Secretary (eGovernance)
 - ii. Representative from NIC
 - iii. Representatives from the states of Chhattisgarh, Chandigarh, Kerala & Karnataka
 - iv. Director (eGovernance)
 - v. Director (Telemedicine)
 - vi. Director (Statistics)
- f) A pilot project for integrating TB program with ASHA Soft application may be undertaken in Rajasthan. Shri. Sunil Bhushan, STD, NIC along with officials from Central TB Division, MoHFW, New Delhi may coordinate with Mission Director, Rajasthan to finalize the other details in a time bound manner.
- g) The representative of Tamil Nadu may share the project details of State Health Data Resource Centre with eGovernance Division of MoHFW.
- h) Shri. Suptendra Sarbadhikari, PD, CHI may upload the presentations made by the various states/UTs on the National Health Portal and provide the required links on NHP to states' portal for details on the eGovernance initiatives.

Receipt No : 641918/2017/E-GOVERNANCE

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Annexure I : List of participants

S.No	Name	Designation	Official Address	E-mail id
1.	Shri K.B. Agarwal	AS (eGov)	MoHFW	Asfnd.kb@gmail.com
2.	Shri Sunil Sharma	JS (eGov)	MoHFW	Sunil.sharma62@gov.in
3.	Shri Ayyaj Tamboli	MD NHM Chhattisgarh	Indrawali Bhawan, Naya Raipur	ayyajtamboli@yahoo.com
4.	Shri Naveen Jain	MD, NHM	NHM Building jaipur	N_j2@rediffmail.com
5.	Shri S K Garg	Additional Commisioner	ESIC HQ, New Delhi	Sk.garg@esic.in d.lahiri@esic.in
6.	Dr. M Senthil Kumar	DD (NRHM)	NHM- Tamil Nadu, Chennai	Srhmn.tn@nic.in trainingsrhmn@gmail.com
7.	Shri B Rajasekhara Reddy	Dy. Director	O/o Commissioner, HFW, Hyderabad, Andhra Pradesh	ddmiscfw@gmail.com
8.	Dr. Manoj Yadu	GM(MIS)	SPMIS, NHM-UP	gmmisnrhm@gmail.com
9.	Shri Jitendra Garg	GM(BD)	BBNL	gmbdcor@gmail.com
10	Shri Sunil Kumar	Senior Technical Director	NIC, MoHFW	sunil.bhushan@gov.in
11	Dr. Sunil R. Avashia	Additional Director	Com of health	Adddir.mediser@gujrat.gov.in
12	Dr. Badri Vishal	Additional Director, Medical Care	DGMS office UP	Director.medical.care.up@gmail.com Badreevishaal@gmail.com
13	Ms Sunita Dhaundiyal	Under Secretary(eGov)	Room No 502-D Nirman Bhawan	sunitadhaundiyal@gmail.com

Receipt No : 641918/2017/E-GOVERNANCE

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S.No	Name	Designation	Official Address	E-mail id
14	Shri S. N. Sarbadhikari	Project Director, CHI of NHP	NIHFW, Munirka New Delhi	Supten@gmail.com
15	Shri Ankit Tripathi	Additional Director	NIHFW	at@nihfw.org
16	Shri Kartikeyan Loganathan	ICT Specialist	TSU, Lucknow, UP	Kartikeyan.l@ihat.in
17	Shri R. Palanivelan	Assistant Director	NHM- Tamil Nadu, Chennai	Srhmn.tn@nic.in
18	Shri Pankaj Rahi	State programme manager, IT and HMIS	O/o MD, NHM, DHS, Chandigarh	Mdnrhm-chd@gmail.com
19	Shri Chandrasen	Project Lead	517 D Nirman Bhawan	chandrasens@deloitte.com

eGovernance Division

MoHFW

Subject : Consultation with States/UTs on eGovernance Initiatives held on 2nd November, 2015

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3. The representatives from states/UTs made detailed presentations on ~~the~~ various eGovernance initiatives being implemented in the respective states/UTs, followed ~~up~~ ^{by} with discussion/deliberation covering aspects like beneficiary coverage, outcomes, conformance to (eGovernance and Health IT) standards, protocol for privacy & security of data, challenges faced, learning etc. ~~The copies of the presentations are provided at Annexure II.~~

4. Shri Sunil Bhushan, STD,NIC briefed the participants regarding the requirement of unique identification number to be assigned to each and every health facilities in the country in order to facilitate interoperability between different health IT systems. He further mentioned that MoHFW ^{is} working in this direction for creation and assigning National Identification Number (NIN) to health facilities, which is in conformance with Metadata & Data Standards by DeitY.
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7. After detailed deliberation, the following decisions were taken:
- a) States may involve research institutions and academia in health data analytics.

- b) States should endeavor to ensure assignment of Unique IDs to health facilities, practitioners and patients, which is one of the key requirements for establishing interoperability between different Health IT systems.
- c) Shri Sunil Bhushan, STD, NIC may draft a note on NIN (including roles of centre and states) to be circulated to states/UTs for feedback/suggestions.
- d) Shri Sunil Bhushan, STD, NIC may facilitate the States/UTs in adopting/ roll-out of eHospital (cloud-based application) and Online Registration System (ORS) in hospitals/health facilities in their respective states.
- e) A committee may be constituted for discussion/deliberation on how MoHFW can leverage NOFN / Bharat Net connectivity for service delivery. The committee may include the following participants:
 - i. Joint Secretary (eGovernance)
 - ii. Representative from NIC
 - iii. Representatives from the states of Chhattisgarh, Chandigarh, Kerala & Karnataka
 - iv. Director (eGovernance)
 - v. Director (Telemedicine)
 - vi. Director (Statistics)
- f) A pilot project for integrating TB program with ASHA Soft application may be undertaken in Rajasthan. Shri. Sunil Bhushan, STD, NIC along with officials

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from Central TB Division, MoHFW, New Delhi may coordinate with Mission Director, Rajasthan to finalize the other details in a time bound manner.

- g) The representative of Tamil Nadu may share the project details of State Health Data Resource Centre with eGovernance Division of MoHFW.
- h) Shri. Suptendra Sarbadhikari, PD, CHI may upload the presentations made by the various states/UTs on the National Health Portal and provide the required links on NHP to states' portal for details on the eGovernance initiatives.

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Annexure I : List of participants

S.No	Name	Designation	Official Address	E-mail id
1.	Ayyaj Tamboli	MD NHM Chhattisgarh	Indrawali Bhawan, Naya Raipur	ayyajtamboli@yahoo.com
2.	Naveen Jain	MD, NHM	NHM Building jaipur	N_j2@rediffmail.com
3.	S K Garg	Additional Commisioner	ESIC HQ, New Delhi	Sk.garg@esic.in d.lahiri@esic.in
4.	Dr. M Senthil Kumar	DD (NRHM)	NHM- Tamil Nadu, Chennai	Srhm.tn@nic.in trainingsrh@gmail.com
5.	B Rajasekhara Reddy	Dy. Director	O/o Commissioner, HFW, Hyderabad, Andhra Pradesh	ddmiscfw@gmail.com
6.	Dr. Manoj Yadu	GM(MIS)	SPMIS, NHM-UP	gmmisnrhm@gmail.com
7.	Shri Jitendra Garg	GM(BD)	BBNL	gmbdcor@gmail.com
8.	Shri Sunil Kumar	Senior Technical Director	NIC, MoHFW	sunil.bhushan@gov.in
9.	Dr. Sunil R. Avashia	Additional Director	Com of health	Adddir.mediser@gujrat.gov.in
10.	Dr. Badri Vishal	Additional Director, Med ical Care	DGMS office UP	Director.medical.care.up@gmail.com Badreevishaal@gmail.com
11.	Ms Sunita Dhaundiyal	Under Secretary(eG ov	Room No 502-D Nirman Bhawan	sunitadhaundiyal@gmail.com
12.	Shri S. N. Sarbadhikari	Project Director, CHI of NHP	NIHFW, Munirka New Delhi	Supten@gmail.com
13.	Shri Ankit Tripathi	Additional Director	NIHFW	at@nihfw.org
14.	Kartikeyan Loganathan	ICT Specialist	TSU, Lucknow, UP	Kartikeyan.l@ihat.in

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15	R. Palanivelan	Assistant Director	NHM- Tamil Nadu, Chennai	Srhm.tn@nic.in
16	Pankaj Rahi	State programme manager, IT and HMIS	O/o MD, NHM, DHS, Chandigarh	Mdnrhm-chd@gmail.com
17	Sneha Sukumar	Sr. Developer (NIC)	509-D, Nirman Bhawan	Sneha43sweety@gmail.com
18	Chandrasen	Project Lead	517 D Nirman Bhawan	chandrasens@deloitte.com

Annexure II : Copies of presentations by States/UTs, ESIC & BBNL

Ref No : 641918/2017/E-GOVERNANCE



Amit Kumar <amitkumariss34@gmail.com>

Fwd: Action items

Jitendra Arora <dir.ehealth@gmail.com>
To: Amit Kumar <amitkumariss34@gmail.com>

Fri, Nov 27, 2015 at 10:36 AM

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

----- Forwarded message -----

From: **Malhotra, Nikhil R (IN - Delhi)** <nimalhotra@deloitte.com>
Date: Thu, Nov 26, 2015 at 6:19 PM
Subject: RE: Action items
To: ANKIT TRIPATHI <ankit_tripathi11@hotmail.com>, Jitendra Arora MoHFW <dir.ehealth@gmail.com>
Cc: "Shrivastava, Chandrasen (IN - Delhi)" <chandrasens@deloitte.com>, Sunita Dhaundiyal <sunitadhaundiyal@gmail.com>

Dear Ankit,

Reference has been inserted in the attached document updated by you.

On point regarding central technical manpower for NIN validation with states, it was discussed the team would be there for a period of 6 months only & accordingly the same has been retained.

Regards,

Nikhil Malhotra

Deloitte Touche Tohmatsu India LLP

Tel/Direct: +91 (124) 6792000 | Mobile: +91 9818078904

nimalhotra@deloitte.com | www.deloitte.com

Please consider the environment before printing.

From: ANKIT TRIPATHI [mailto:ankit_tripathi11@hotmail.com]

Receipt No : 641918/2017/E-GOVERNANCE

Sent: Thursday, November 26, 2015 6:01 PM**To:** Malhotra, Nikhil R (IN - Delhi); Jitendra Arora MoHFW**Cc:** Shrivastava, Chandrasen (IN - Delhi); Sunita Dhaundiyal**Subject:** RE: Action items

Dear Nikhil,

I have made some minor corrections in the Executive summary section and implementation framework.

Following two points needs to be updated:

1. Pl. mention the Annexure-I in the main document of IHIP.

Without any reference, there is no use of annexure-I.

2. Central technical manpower for NIN implementation should be for two years.

Updated document is attached herewith.

Best regards,

Ankit Tripathi

Additional Director

Centre for Health Informatics, National Health Portal,

NIHFW, Ministry of Health and Family Welfare, New Delhi-110067

Phone: +91-11-26165959 (Ext.- 264) Fax: +91-11-26101623

Mobile: +91-7838363525

Email: ankit@nhp.gov.in at@nihfw.org, ankit_tripathi11@hotmail.com

From: nimalhotra@DELOITTE.com

To: ankit_tripathi11@hotmail.com; dir.ehealth@gmail.com

CC: chandrasens@DELOITTE.com; sunitadhaundiyal@gmail.com

Subject: Re: action items

Date: Thu, 26 Nov 2015 07:30:17 +0000

Dear Sir,

As discussed with you regarding IHIP , please find attached the draft suitably modified in line with the inputs obtained from AS(eGov.) and our subsequent discussions for your review/ finalisation.

Regards

Receipt No : 641918/2017/E-GOVERNANCE

Nikhil Malhotra

From: ANKIT TRIPATHI <ankit_tripathi11@hotmail.com>
Sent: Saturday, November 21, 2015 2:27 PM
To: Sunita Dhaundiyal; Jitendra Arora; Shrivastava, Chandrasen (IN - Delhi)
Cc: Malhotra, Nikhil R (IN - Delhi)
Subject: Re: action items

Dear Chandrasen,

I have already provided a updated concept note with all the inputs as directed by AS(eGov) to Nikhil. Nikhil may be working on that and he needs to finalise the draft in consultation with you.

Pl. fix a suitable time on Monday so that we can sit and finalise the document for further n.a.

Best regards,

Ankit Tripathi

Additional Director, NHP

Mobile-7838363525

NIHFW, New Delhi - 110067

Sent from Outlook

This message (including any attachments) contains confidential information intended for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you should delete this message and are hereby notified that any disclosure, copying, or distribution of this message, or the taking of any action based on it, is strictly prohibited. When addressed to our clients any opinions or advice contained in this email are subject to the terms and conditions expressed in the governing client engagement letter.

 Integrated Health Information Platform Concept Note_V _4.1_26112015.docx
81K

o/c

F. No. Q-11013/3/2015-eGov
 Government of India / भारत सरकार
 D/o Health and Family Welfare/ स्वास्थ्य एवं परिवार कल्याण विभाग
 e-Governance Section / (ई-गवर्नेंस अनुभाग)

निर्माण भवन, नई दिल्ली

दिनांक: 20 नवम्बर 2015

Meeting Notice / बैठक नोटिस

Subject: Meeting of EHR Review Committee on 2nd December, 2015 at 11.30 AM in Nirman Bhawan, New Delhi.

Ministry of Health and Family Welfare notified Electronic Health Record (EHR) Standards in September 2013 to encourage standardization, integration and electronic information exchange amongst the various healthcare providers.

2. EHR Review Committee has been constituted in MoHFW with the approval of Secretary (HFW) to review the aforementioned standards. The second meeting of the EHR Review Committee under the Chairmanship of Shri Sunil Sharma, JS (eGov) has been scheduled at 11.30 AM on 2nd December, 2015 in Room No 406-A wing, Nirman Bhawan, New Delhi.

3. All the addressees are requested to kindly make it convenient to attend the meeting as per the above schedule.

सुनीता ढौंडियाल

(सुनीता ढौंडियाल)

अवर सचिव (ई-गवर्नेंस)

फोन : 23061843

To:

1. Dr Supten Sarbadhikari, Project Director (NHP), NIHFW
2. Ms. Kavita Bhatia, Scientist 'E', DeitY
3. Shri Jitendra Arora, Director (eGov), MoHFW
4. Dr. S B Bhattacharya, Head Health Informatics, TCS
5. Dr B.S. Bedi, Advisor, CDAC, Delhi
6. Shri. Gaur Sunder, CDAC, Pune
7. Shri. Sunil Kumar Bhushan, NIC, Health
8. Dr. Karanvir Singh, CIO, Apollo Hospitals
9. PL (ePMU team), MoHFW

Copy to:

1. PPS to AS (KBA), MoHFW

2. PPS to JS (eGov), MoHFW

23/11/15

Receipt No : 641918/2017/E-GOVERNANCE

Date: 11/20/15 06:33 PM

From: "Amit Kumar" <amit.k89@gov.in>

Subject: Seeking comments on the Draft Concept note on IHIP

To: cohealth@gujarat.co.in, phsrajasthan@gmail.com,
hfwsec@gmail.com, prs-hfw@karnataka.gov.in,
prl.secy.hmfwap@gmail.com, poonam.malakondaiah@gmail.com,
sheelv@nic.in, psecup.health@gmail.com, secy.hlth@kerala.gov.in,
secy@health.kerala.gov.in, hs-chd@nic.in

Cc: JITENDRA ARORA DIRECTOR <jitendra.arora@gov.in>,
dir.ehealth@gmail.com,
Sunita Dhaundiyal <sunita.dhaundiyal@nic.in>,
nimalhotra@deloitte.com, bhanuprakash@deloitte.com,
chandrasens@deloitte.com

DO letter to States for Draft Concept note on IHIP... (402kB)

Integrated_Health_Information_Platform_Concept_Not... (883kB)

Respected Sir/Madam

It is proposed to set up 'Integrated Health Information Platform' (IHIP) for the purpose of facilitating better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilization of resources, availability of information/ data - in secure manner and on real time basis - through integration of systems to ensure a comprehensive EHR Solution.

A D.O letter from Shri Sunil Sharma, JS (eGov) along with the draft concept note on setting up of IHIP is attached herewith. You are requested to offer the comments of the State Govt on the Concept Note by 27th November, 2015 to enable the Ministry to take further necessary actions.

Regards

Amit Kumar

Assistant Director (eGovernance)

Ministry of Health & Family Welfare

Room No. 425C

Nirman Bhawan

New Delhi - 110 011

Tel: 011 - 2306 2263

Mobile: 9582861973

Receipt No : 641918/2017/E-GOVERNANCE

Subject: DO letter to States for Draft Concept note on IHIP

Date: 11/20/15 06:23 PM

From: Ashish Sharma <ashish.sharma91@gov.in>

To: Supten@gmail.com, supten@nihfw.org, at@nihfw.org,
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Director.medical.care.up@gmail.com, Badreevishaal@gmail.com,
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chandrasens@deloitte.com, Sk.garg@esic.in, d.lahiri@esic.in,
ddmiscfw@gmail.com, srhm.tn@nic.in, trainingsrhm@gmail.com,
srhm.tn@nic.in, N_j2@rediffmail.com, Mdnrhm-chd@gmail.com,
ayyajtamboli@yahoo.com

Cc: JITENDRA ARORA DIRECTOR <jitendra.arora@gov.in>,
dir.ehealth@gmail.com,
Sunita Dhaundiyal <sunita.dhaundiyal@nic.in>,
Amit Kumar <amit.k89@gov.in>, nimalhotra@deloitte.com,
bhanuprakash@deloitte.com

DO letter to States for Draft Concept note on IHIP... (845kB)

Integrated_Health_Information_Platform_Concept_Not... (883kB)

Respected Sir/Madam

It is proposed to set up 'Integrated Health Information Platform' (IHIP) for the purpose of facilitating better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilization of resources, availability of information/ data - in secure manner and on real time basis - through integration of systems to ensure a comprehensive EHR Solution.

A D.O letter from Shri Sunil Sharma, JS (eGov) along with the draft concept note on setting up of IHIP is attached herewith. You are requested to offer your comments on the Concept Note by 27th November, 2015 to enable the Ministry to take further necessary actions.

Regards

Ashish Sharma
Assistant (eGov)
MoHFW (011-23062263)

Receipt No : 641918/2017/E-GOVERNANCE

Sunil Sharma, IRPS

Joint Secretary



सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108

Government of India

Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

Tel. : +91-11-23061773

Fax : 91-11-23062157

E-mail : sunil.sharma62@gov.in

D.O. No. Q-11013/3/2015-eGov

Dated the 8 November, 2015

Dear Sir/Madam,

It is proposed to set up 'Integrated Health Information Platform' (IHIP) for the purpose of facilitating better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilization of resources, availability of information/ data – in secure manner and on real time basis – through integration of systems to ensure a comprehensive EHR Solution.

The key issues envisaged to be addressed are as under:

- Fragmented information streams/ systems
- Quality of data
- Large volume of data collected
- Duplication of data collection- Data Redundancy
- Sub- optimal resource utilization due to duplicate information systems
- Lack of interoperability and accessibility of information
- 'Push' vs. 'Pull' model of data sharing

A copy of the Concept Note on setting up of IHIP is enclosed herewith.

I would like to request you to offer the comments of the State Govt on the Concept Note by 27th November, 2015 to enable this Ministry to take further necessary actions.

With regards,

Yours Sincerely,

(Sunil Sharma)

Encl: As above

Principal Secretary of Gujarat, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Kerala, Chandigarh.

Pls Issue & I
By speed post

20-11-15



National Health Mission

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Copy to:

S.No	Name	Designation	Official Address
01.	Ayyaj Tamboli	MD NHM Chhattisgarh	Indrawali Bhawan, Naya Raipur
02.	Naveen Jain	MD, NHM	NHM Building jaipur
03.	S K Garg	Additional Commisioner	ESIC HQ, New Delhi
04.	Dr. M Senthil Kumar	DD (NRHM)	NHM- Tamil Nadu, Chennai
05.	B Rajasekhara Reddy	Dy. Director	O/o Commissioner, HFW, Hyderabad, Andhra Pradesh
06.	Dr. Manoj Yadu	GM(MIS)	SPMIS, NHM-UP
07.	Shri Jitendra Garg	GM(BD)	BBNL
09.	Shri Sunil Kumar	Senior Technical Director	NIC, MoHFW
10.	Dr. Sunil R. Avashia	Additional Director	Com of health
11.	Dr. Badri Vishal	Additional Director, Medical Care	DGMS office UP
12.	Shri S. N. Sarbadhikari	Project Director, CHI of NHP	NIHFW, Munirka New Delhi
13.	Shri Ankit Tripathi	Additional Director	NIHFW
14.	Kartikeyan Loganathan	ICT Specialist	TSU, Lucknow, UP
15.	R. Palanivelan	Assistant Director	NHM- Tamil Nadu, Chennai
16.	Pankaj Rahi	State programme manager, IT and HMIS	O/o MD, NHM, DHS, Chandigarh



(Jitendra Arora)
Director(eGovernance)
Ph No. 23062317

Receipt No : 641918/2017/E-GOVERNANCE

Sunil Sharma, IRPS

Joint Secretary



सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
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Ministry of Health & Family Welfare
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Tel. : +91-11-23061773

Fax : 91-11-23062157

E-mail : sunil.sharma62@gov.in

D.O. No. Q-11013/3/2015-eGov

Dated the 8 November, 2015

Dear Sir/Madam,

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- Sub- optimal resource utilization due to duplicate information systems
- Lack of interoperability and accessibility of information
- 'Push' vs. 'Pull' model of data sharing

A copy of the Concept Note on setting up of IHIP is enclosed herewith.

I would like to request you to offer the comments of the State Govt on the Concept Note by 27th November, 2015 to enable this Ministry to take further necessary actions.

With regards,

Yours Sincerely,

(Sunil Sharma)

Encl: As above

Principal Secretary of Gujarat, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Kerala, Chandigarh.

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37

Draft **Concept Note**

Integrated Health Information Platform (IHIP)

Ministry of Health & Family Welfare

September, 2015

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Abbreviations & Acronyms

API	Application Programming Interface
DeitY	Department of Electronics & information Technology
DPR	Detailed Project Report
DSS	Decision Support System
EFC	Expenditure Finance Committee
EHR	Electronic Health Record
EMR	Electronic Medical Record
HIS	Hospital Information System
IaaS	Infrastructure-as-a-Service
ICT	Information & Communication Technology
IHIP	Integrated Health Information Platform
MMP	Mission Mode Project
MoHFW	Ministry of Health & Family Welfare
M2M	Machine-to-Machine
NeGP	National eGovernance Plan
NeHA	National eHealth Authority
PMU	Project Management Unit
SFC	Standing Finance Committee

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Executive Summary

For effective adoption of ICT in Indian healthcare- aligned with health sector goals under Digital India Programme- need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange has emerged critical. The Steering Committee on eHealth- chaired & co-chaired by Secretary(HFW) and Secretary (DeitY) respectively- has decided to establish a 'Integrated Health Information Platform (IHIP)'.

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc.- that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide. This would facilitate continuity of care, confidential & secure health data/records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies & medical errors, low data redundancy, gig data analytics etc.

IHIP is proposed to encompass various components like eHealth applications, eHealth data; and eHealth infrastructure. Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course.

IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. At backend, Cloud Computing environment would be utilized. However, individual hospitals/healthcare facilities will have to put in the required infrastructure - terminals, peripheral hardware etc.- in their premises in order to access and use IHIP. Tried & tested open source solutions complying with EHR Standards offered by third parties, both public & private IT vendors, would be hosted on IHIP. Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per their need.

IHIP is proposed to be implemented and managed by a Special Purpose Vehicle (SPV) - a dedicated agency - set-up under MoHFW supported with adequate manpower and resources like PMU. It is envisaged to also have additional roles & responsibilities under its purview such as management of National Health Portal (NHP) and secretarial work of the proposed National eHealth Authority (NeHA).

The development of the IHIP is envisaged over the first year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

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Sustainability of IHIP needs to be addressed properly. for ensuring sustainability is attained, IHIP is planned to explore various possible revenue sources including from health information exchange platform like real-time data services to different healthcare providers, asynchronous data analytics /customized reports for health care analytics organizations etc. However, in short-to-medium term it would require funding assistance from the government, till it achieves a critical mass.

The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. Till the time NeHA is set-up, the implementing agency (SPV) would take care of such matters.

The immediate way-forward on setting up of IHIP includes:

- Consultation with different key stakeholders – DeitY, Industry Experts, Application/IT Vendors, Healthcare Providers etc.
- Estimation of costs involved
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

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Introduction

This Concept Note outlines objectives, components along with high level architecture, business model, implementation framework, cost elements & estimate etc. for the proposed Integrated Health Information Platform (IHIP). It has been prepared based on DPR of Health MMP, discussions held in meeting of Steering Committee on eHealth, deliberations held with MoHFW's officials/Deity/Experts/ Solution Vendors etc., and review of select relevant documents available through desk research.

This Concept Note provides a base document for further discussion with the relevant stakeholders and subsequent fine-tuning & elaboration before it is converted into a proposal for EFC/SFC.

Background

During the last two years, a detailed exercise had been undertaken for scoping and preparation of project report for comprehensive adoption of ICT in Indian healthcare under Health Mission Mode Project (MMP)-aligned with Digital India Programme and E-Kranti (NeGP 2.0). It emphasised primarily upon the need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange.

Creation of EHRs of citizens and establishment of supporting infrastructure/ mechanism for exchange of health records emerges as one of the key focus areas under the plan for comprehensive use of ICT in healthcare. Accordingly, in the meeting of Steering Committee on eHealth held on 27th July, 2015, it was deliberated and decided to establish an 'Integrated Health Information Platform' primarily focusing on interoperable EHRs and subsequently to encompass other key components of eHealth, as feasible, like Drug Supply Chain Management, Citizen Portal etc., as underlined in Health MMP DPR.

Issues to be addressed

It has been observed that healthcare organisations are mostly operating in data-rich but information-poor environment. Patient health data is being gathered / stored - distributed over a number of locations and via a number of IT solutions - which is generally inaccessible, improperly formatted/not standardised and hence not interoperable. System interoperability along with supportive IT frameworks and optimal information exchange to support better healthcare services and thus outcomes is the key requirement in the prevailing scenario. Also need is there for transforming data into information and evidence, which could help in decision support systems (DSSs).

Multiple data sources need to be integrated in meaningful ways to improve services in relation to access, quality, user satisfaction and efficiency. With information sharing, volumes of independent sets of data across multiple systems can be brought together in integrated, relevant and useful summary views. Integrated data can be de-identified and aggregated in such a way to enable policy-

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making decisions at public health level. The current focus is more on "pushing" vs "pulling" data, which often leads to ineffective data sharing and impedes care quality and efficiency impacting outcomes.

Key Issues need to be addressed

Fragmented information streams/systems

Quality of data

Large volume of data collected

Duplication of data collection – *Data Redundancy*

Sub-optimal resource utilisation due to duplicate information systems

Lack of interoperability & accessibility of information

'Push' vs. 'Pull' model of data sharing

It is essential that information can be accessed from anywhere in the health system to facilitate seamless communication between different stakeholders like patient-to-provider, provider-to-provider, provider-to-health managers/government agencies, government/provider-to-academia etc. Data should only be recorded once, at its source (single instance capture), the systems need to be sustainable, data must be standardised and understandable and the system needs to be available locally.

Objectives of IHIP & Outcome envisaged

The overall and ultimate purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilisation of resources, availability of information/data – in secure manner and on real time basis- through integration of systems to ensure a comprehensive EHR Solution.

- To aggregate & share data – by combining data source/health records at different places, improve quality by reducing duplication and manual transmission of data; ensure availability of health records / data across stakeholders/providers/hospitals, and
- To optimise resource – reduce duplication of data collection, reduce development and maintenance of overlapping systems

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The specific objectives envisaged to be achieved through IHIP include:

- To leverage information & communication technologies (ICTs), aligned with health care goals under Digital India Programme & E-Kranti, meeting the requirements of different stakeholder groups- citizens, providers, policy makers & program managers
- To set-up a health information technology platform hosted on Cloud which has integrated and inter-operable standards compliant & open source healthcare management applications along with infrastructure/services for health information highway
- To enable real time collection & aggregation of data in an efficient & effective manner and to facilitate exchange of data across systems and stake-holders
- To facilitate improvement in quality/continuity and affordability of care through interoperable EHRs and better utilisation of resources
- To enable effective and efficient management of population health through real time aggregated data

The key outcomes/benefits envisaged from IHIP for different stake-holder groups include:

Stakeholder group	Outcome/ benefits
Citizen / Patient	<ul style="list-style-type: none"> • Continuity of care • Confidential & secure health data/records management • Better affordability-by avoiding redundant examination/ tests/procedures
Healthcare Providers	<ul style="list-style-type: none"> • Availability of real time and standardised data/information • Optimal information exchange to support better health outcome • Better decision support system
Payers	<ul style="list-style-type: none"> • Fewer redundancies & medical errors • Better and smoother management of billing and claims processes • Enhanced precision and speed of coverage payments to healthcare service • Better analysis of cost-effectiveness of coverage policies • Business intelligence and more sophisticated data analysis towards better coverage policies planning etc.
Government/ Managers	<p>Health</p> <ul style="list-style-type: none"> • Reduced duplication of data (single instance capture) - low data redundancy • Less fragmentation & more standardisation health information

71
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Stakeholder group	Outcome/benefits
-------------------	------------------

- systems
- Strengthening of evidence base for effective policies
 - Big data analytics

With decentralisation and introduction of disruptive innovations/technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc. - that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide irrespective of whichever hospital/healthcare provider he/she went to.

Components & Architecture

The various design aspects – in line with the prevailing challenges - considered while conceptualising IHIP include the following:

Integration of multiple systems – primarily patient centric- working in silos

Data capturing at source in digital format

Sharing and aggregation of quality data with minimum latency across applications and stake-holders

Availability of uniquely identifiable, easily traceable & verifiable data/records in the system

Access to quality data to health managers, policy makers etc. capturing various parameters linked with determinants of health for effective & efficient healthcare delivery

In line with the envisaged objectives, IHIP is proposed to encompass various components grouped as **eHealth applications** - describing tools and systems that will be used by users to interact with the system or for data processing; **eHealth data** - describing major data items and data that will be shared between components; and **eHealth infrastructure**: describing computing infrastructure required to support eHealth solutions

Category**Brief****eHealth applications****Application / Solution**

- To meet various requirements related to creation of EHR through 'suite for digital health records creation & management' consisting of¹:
 - Hospital information management/ Clinical administration
 - Electronic medical records - medications, hospitalization records, laboratory test results, and radiology images etc.
 - Remote patient monitoring – through internet-of-things; wearable devices, M2M technologies etc.
 - Telehealth
 - E-commerce- billing, payment, insurance claims etc.
 - Patient communications – SMS, emails, voice
 - Business intelligence & Analytics
 - Etc.
- Also to include Public Health Applications/Systems having interface with patient/citizen health records - those related to disease control/immunisation like Mother & Child Tracking System , TB Control Programme etc.

Information Exchange

- To facilitate exchange of information between different EMR systems
- To connect to a database in which the medical records of the patients are collected from multiple providers and consolidated together
- Exchange between patients, healthcare providers, payers, medical data providers

eHealth infrastructure**Hosting environment
& Database
management**

- Hosting of servers -application, database- on 'Cloud'
- User of IHIP doesn't need to own servers/ storage/database

Standards

- Compliance of applications to EHR Standards, Open Source Software Policy, Open API Policy, other relevant eGovernance Standards

Privacy & Security

- Patient consent/ permissions
- Disclosure management

eHealth data**Registry / Identifiers**

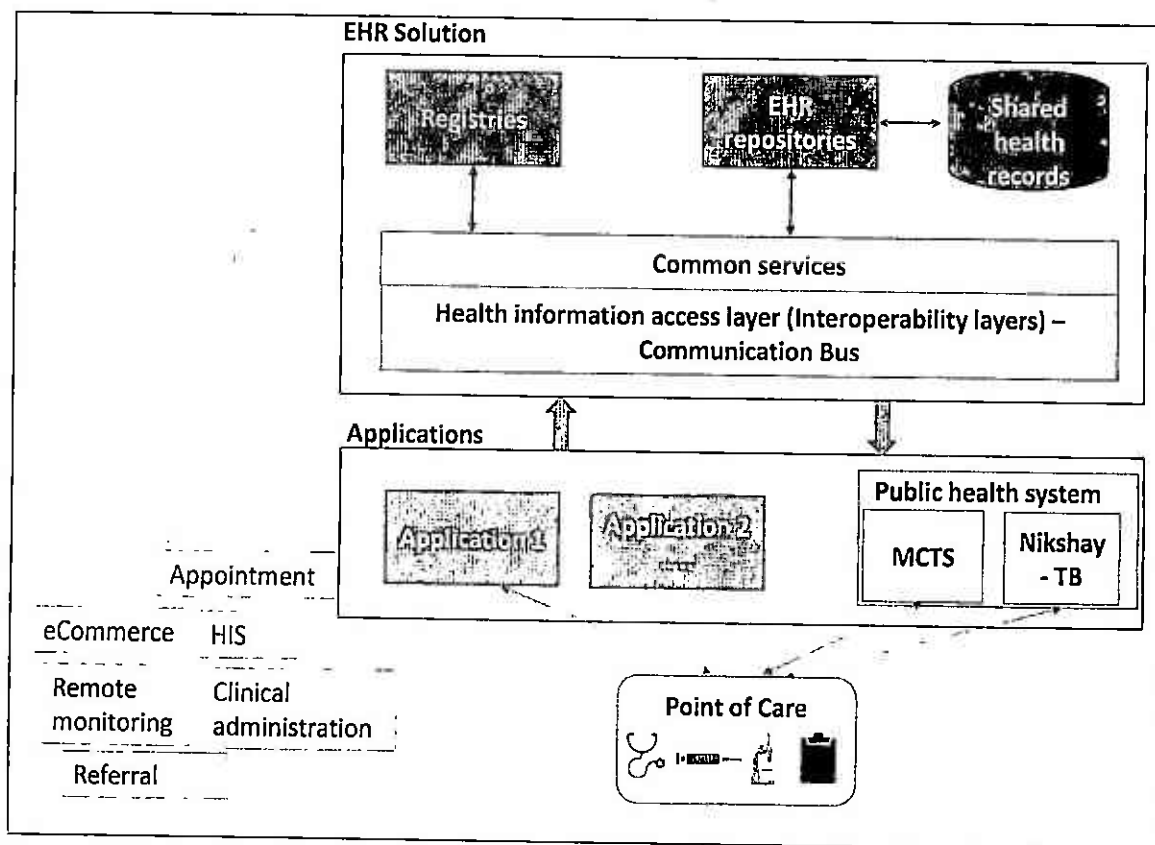
- Unique identifiers for patients, providers, facilities

Repositories

- Health records

¹ Given on illustrative basis; suite may include all or some

An architecture representing the fundamental organisation of IHIP's components, their logical relation to each other/other systems and their inter-dependencies has been outlined and presented as below. These components need to interact amongst themselves according to a certain plan or design.



The points of care already having EHR applications running could join the platform for various common services and information exchange facilities/ interoperability features.

Business model

Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course. These are detailed as follows. IHIP is proposed to use public - private partnership in an effective manner.

Business model element	Details
Infrastructure as a service	<ul style="list-style-type: none"> • IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. • At backend, Cloud Computing environment would be utilized.

Business model element	Details
Application as a service	<ul style="list-style-type: none"> • However, individual hospitals/healthcare facilities will have to put in the required infrastructure – terminals, peripheral hardware etc.- in their premises in order to access and use IHIP. • Based on evaluation - tried & tested solutions, open source solutions, complying with EHR Standards-application(s) of third parties, both public & private IT vendors, would be selected. • Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. • Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per need
Fee for service	<ul style="list-style-type: none"> • The application providers having their applications hosted on IHIP can decide their fee structure to be charged from users- subscription fee / transaction fee etc.- based on service levels.
Regulatory	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc.
Funding assistance	<ul style="list-style-type: none"> • For common services and exchange facilities, it is proposed that in initial phase (3-4 years) funding assistance could be provided by the Ministry to various related expenses. • Subsequently, IHIP could evolve a charging mechanism / structure for the common and exchange related services, which could be based on transaction fee/ subscription fee etc.

Implementation Framework

IHIP is proposed to be implemented and managed by a Special Purpose Vehicle (SPV) – a dedicated agency - set-up under MoHFW. The SPV would have the requisite resources and organisational structure to carry out development and operations management for IHIP. It would be assigned independent roles and responsibilities with an appropriate governance structure. The proposed SPV would also have additional roles & responsibilities under its purview such as management of National Health Portal (NHP) and secretarial work of the proposed National eHealth Authority (NeHA).

Development & implementation of IHIP will require administrative structures to be created. The structure & manpower proposed, in respect of Implementing Agency established under the Society and PMU is provided as follows:

Set-up	Details ²
Implementing Agency	<ul style="list-style-type: none"> • It will be responsible for overseeing the development & initial implementation of IHIP and will have around 30 personnel as per the following details: <ul style="list-style-type: none"> ○ Advisor : 1 ○ Senior Staff/ Project Manager : 4 ○ Domain Experts/ Consultants : 25 • The team would be hired in phases over a period of two years.
PMU	<ul style="list-style-type: none"> • It will function within the Ministry of Health & Family Welfare & coordinate with the Implementing Agency. • PMU-Centre will be structured along the lines recommended in the HR Policy report, 2013 for e-Governance for Ministries undertaking large MMP. • PMU-Centre will consist of total of 5 personnel: <ul style="list-style-type: none"> ○ Programme manager : 1 ○ Functional consultants : 2 ○ Technical consultants : 2

Implementation timeframes

The development of the IHIP is envisaged over the first year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

Cost elements

The various cost elements as identified for setting up of IHIP have been identified and are listed below. *The task of estimating these costs is underway and is expected to be completed shortly.*

Cost element	Type	Details
SPV set-up ¹	Non-recurring	• Office infrastructure, set-up
Test bed cost	Non-recurring	• For initial testing of IHIP
Integration of software / applications	Non-recurring	• For establishing inter-operability layers
Health information exchange set-up	Non-recurring + Recurring	• Including software and hardware

²The manpower strength shown is tentative in nature. It would be fine-tuned subsequently.

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Cost element	Type	Details
Human resource	Recurring	• Including cost of PMU
Hosting charges – Cloud	Recurring	• Cloud- 'Meghraj' - could be assumed to be available free of cost
Network Connectivity charges	Recurring	• Connectivity through various infrastructure set-up by Government – Bharat Net, NKN, NII etc. - could be assumed to be available free of cost.
Miscellaneous	Recurring	• Travels, training,

It has been assumed that the cost related to preparatory works at different public hospitals/health facilities would be taken care from the respective budgets of these hospitals/facilities.

Challenges & mitigation strategies

The various possible challenges anticipated in implementation / scale up of IHIP have been identified and accordingly mitigation strategies have been broadly outlined as follows:

Challenges	Mitigation strategy
Sustainability of IHIP	<ul style="list-style-type: none"> • Explore possible revenue sources from health information exchange platform like: <ul style="list-style-type: none"> ○ Real-time data services to different healthcare providers Asynchronous data analytics and customized reports for health care analytics organizations- these entities will generate revenue by performing customized analyses that are of value to a wide variety of potential customers. These services can include risk assessment reports for health insurance companies, automatic alerts to patients about the negative interactions of the drugs that are being prescribed, deidentified summaries of patient records for medical researchers and geographical health trends or prediction of outbreaks of infectious disease for public health authorities etc.
Adoption & change management	<ul style="list-style-type: none"> • It is proposed to follow a comprehensive framework based on awareness/sensitisation- about benefits- and training for implementation so as to properly address the challenge of change management.
Attaining critical	<ul style="list-style-type: none"> • Key challenge would be in terms of scalability of the platform &

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Challenges	Mitigation Strategy
mass in time & scaling up	<p>management of the scaled up centralized platform given the varied and diverse nature of the requirements of healthcare providers ranging from individual practitioners to large hospitals across public & private sector.</p> <ul style="list-style-type: none"> • Participation of public healthcare sector into IHIP could be promoted by Ministry. This would enable IHIP attain critical mass and more. • Hospital/facilities empanelled under Central Government Health Scheme (CGHS) could be advised to use IHIP for better and cost effective service delivery. • Co-working with Indian Health Information Network, different Healthcare associations etc. for promoting use of IHIP
Incentive to share EHR	<ul style="list-style-type: none"> • For public health sector, Government provided funding assistance for setting up of HIS/ EHR applications under NHM. • Otherwise, incentives to share EHR would need to come from Payers segment (like Insurance Companies, ESIC, Employers etc.) as they benefit significantly in terms of faster claim processing, settlement etc.
Data privacy & security	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. • NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. • Till the time NeHA is set-up, the implementing agency (SPV) would take care of such matters.
Standards adoption & compliance	<ul style="list-style-type: none"> • IHIP will follow the EHR Standards notified for India. The data to be uploaded on the platform by health care providers will be as per the minimum data set defined in the EHR standards. • It will adopt Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. • It will adopt Demographics MDDS, notified by DeitY, as relevant

Way forward

The immediate way-forward includes:

- Consultation with different key stakeholders – DeitY, Industry Experts, Application/IT Vendors, Healthcare Providers etc.
- Estimation of costs involved
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

References :

64

1. Health MMP DPR, March 2015, by NISG
2. A Sustainable Business Model for HealthInformation Exchange Platforms: TheSolution to Interoperability in Healthcare ITNiamYaraghi, January 2015
3. Hillestad, R., Bigelow, J., Bower, A., Giroso, F., Meili, R., Scoville, R., & Taylor, R. (2005). Can Electronic MedicalRecord Systems Transform Health Care? Potential Health Benefits, Savings, And Costs.

Ministry of Health & Family Welfare
e-Governance Division

Subject: ~~State~~ Consultation on use of ICT in Healthcare Service Delivery in States.
Venue: 249-A Wing. Time: 09:30 AM. Date: 02nd November, 2015.

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Contd. 2/-

Receipt No : 641918/2017/E-GOVERNANCE

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15.	Naveen Jain	MD, NHM	NHM Building Jaipur	nj2@sekhmail.com	9929204300
16.	Pankaj Rali	State Programme Director Manager IT & NHM Tamil Nadu	70 MD, NHM Directorate of Health Services	monrhm-ctd@gmail.com	9501800303

Contd. 3/-

Receipt No : 641918/2017/E-GOVERNANCE

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18.					
19.					
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Evaluation of State e – Governance Initiatives' best Practices for better planning, implementation & roll out of future e- Governance Projects

Monday, November 02, 2015, Room No. 249 A, MoHFW, Nirman Bhawan, New Delhi

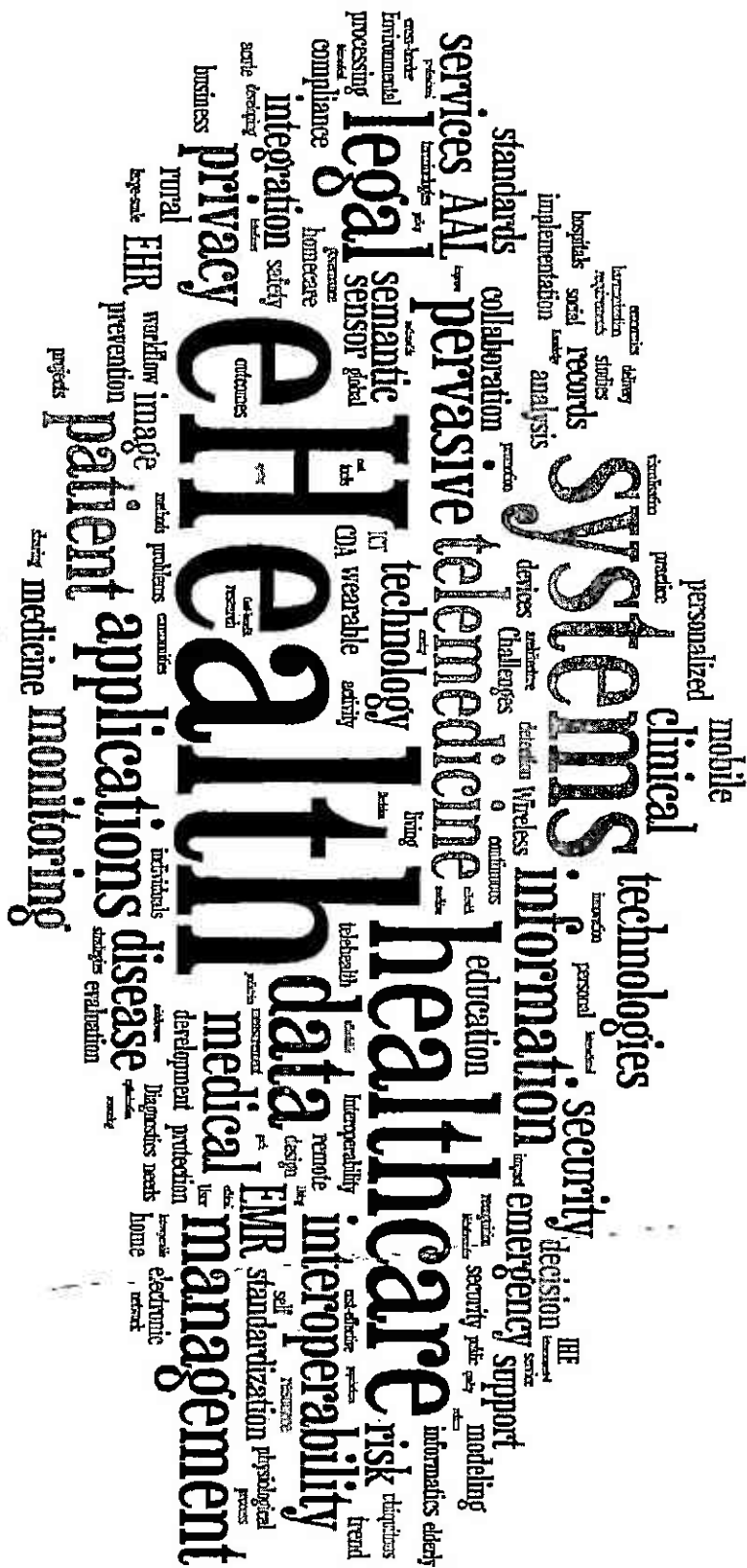
09:30 am – 05:30 pm

AGENDA

09:30 am – 09:45 am	Welcome Remarks Shri K.B Agarwal. Additional Secretary, MoHFW ,GOI
09:45 am – 10:00 am	Introductory Remarks & Overview Shri Sunil Sharma – Joint Secretary, MoHFW, GoI
10.00 am– 10.30 am	Kerala Presentation & discussion thereafter
10.30 am – 11.00 am	Tamilnadu Presentation & discussion thereafter
11.00 am – 11.30 am	Gujarat Presentation & discussion thereafter
11.30 am– 12.00 noon	Karnataka Presentation & discussion thereafter
12.00 noon– 12.30 pm	Rajasthan Presentation & discussion thereafter
12.30 pm– 01.00 pm	Andhra Pradesh Presentation & discussion thereafter
01.00 pm – 2:00 pm	LUNCH
2.00 pm – 2:30 pm	Chhattisgarh Presentation & discussion thereafter
2.30 pm – 3:00 pm	Uttar Pradesh Presentation & discussion thereafter
3:00 pm – 3:30 pm	Chandigarh Presentation & discussion thereafter
3:30 pm – 4:00 pm	Presentation by e- Gov. Divison on IHIP (Integrated Health Information Platform) concept note - by Ministry
4:00 pm – 4:30 pm	Presentation by BBNL (Bharat Broadband Network Limited) on national optical Fiber Network Project
4:30 pm – 5:30 pm	Round Table Discussion & Concluding Remarks by JS (e-Gov)

DRAFT PPT Prepared by E-PMU Team 54

eHealth initiatives by MOHFW



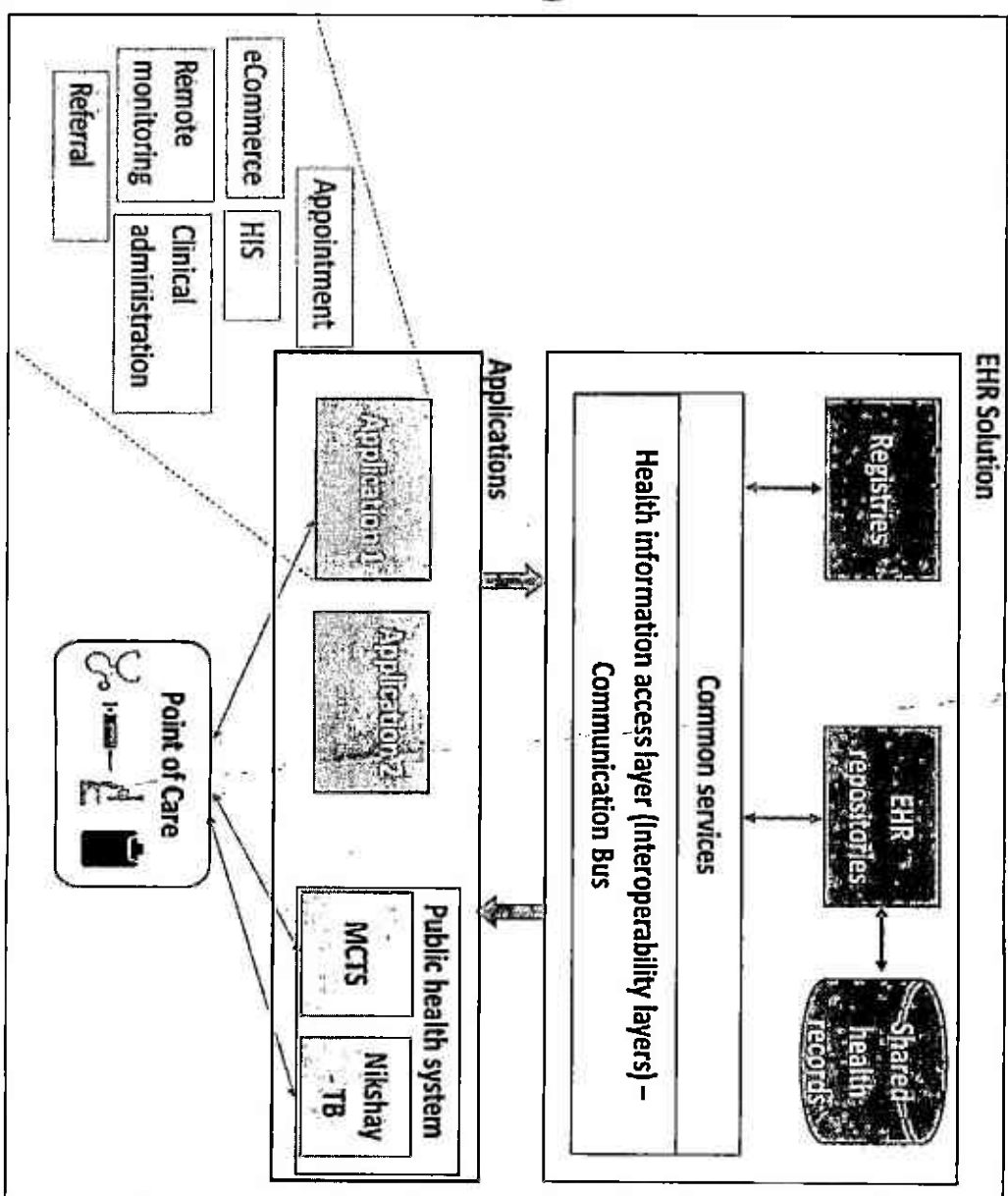
Ministry of Health & Family Welfare
2nd November, 2015

Health Mission Mode Project

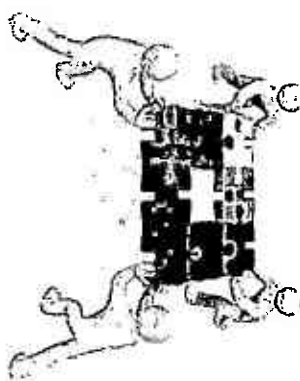
- EFC Memorandum of Health MMP (proposed as a CSS) circulated to concerned departments- NITI Aayog, Deity & D/o Expenditure- in May 2015 for comments
- Need for undertaking the projected activities was broadly supported by these departments.
- However, it was highlighted that there is moratorium on no. of CSSs and hence, the activities could be funded under NHM.
- Thereafter, a meeting of Steering Committee was held on 27th July under chairmanship of Secretary(HFW) to discuss & decide way forward. It has been decided:
 - To develop an '**Integrated Health Information Platform**' for facilitating hosting of applications, exchange of health information etc.
 - To provide support to states under NHM depending on availability of resources.

Objectives of proposed Integrated Health Information Platform (IHIP)

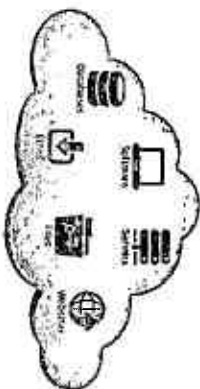
- Leverage ICT in a comprehensive manner at different levels to address the needs related to patient health records
- Providing an interoperable, standards compliant, scalable, integrated application
- Enabling collection & aggregation of data in an efficient, effective & secure manner
- Facilitating data / health records exchange



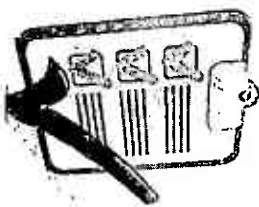
Key Features of Proposed IHIP



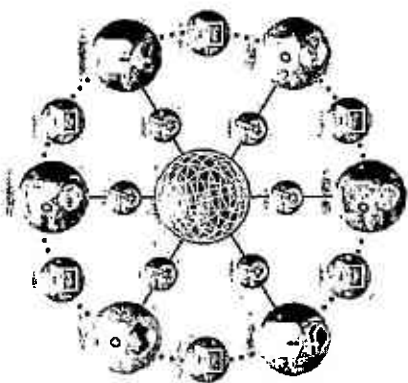
Integrated Platform; Interoperable applications



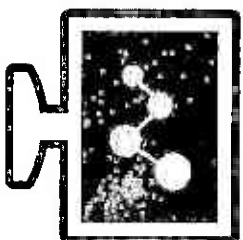
Cloud Hosted- IaaS, SaaS



Standards Compliant, Open APIs, Open Standards



Health information exchange



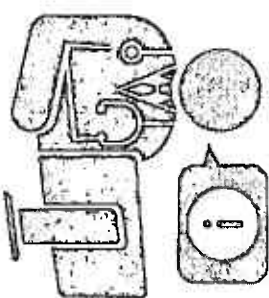
Informative Dashboards

Envisaged outcomes of Proposed IHP

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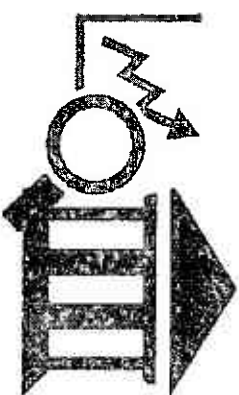
- Continuity of care
- Confidential & secure health data/records management
- Better affordability- by avoiding redundant examination/ tests/procedures



- Availability of real time & standardised data
- Optimal information exchange
- Better decision support system
- Fewer redundancies & medical errors



- Better billing and claims process management
- Enhanced precision and speed of coverage payments
- Business intelligence



- Reduced duplication of data - low data redundancy
- Less fragmented & more standardised health information
- Strengthening of evidence base for effective policies
- Big data analytics

Way forward for Proposed IHP

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①

Draft
Concept
Note

②

Consultation
with different
key stakeholders

③

Detailed
estimation
of costs
involved

④

Fine-tuning &
detailing of
Concept Note
along with
costing

⑤

Preparation of
proposal for
SFC/EFEC &
approval

– States, Deity, In
dustry
Experts, Applica
tion/IT
Vendors, Health
care Providers
etc.

Till Dec - 2015

Post Dec - 2015

M-1

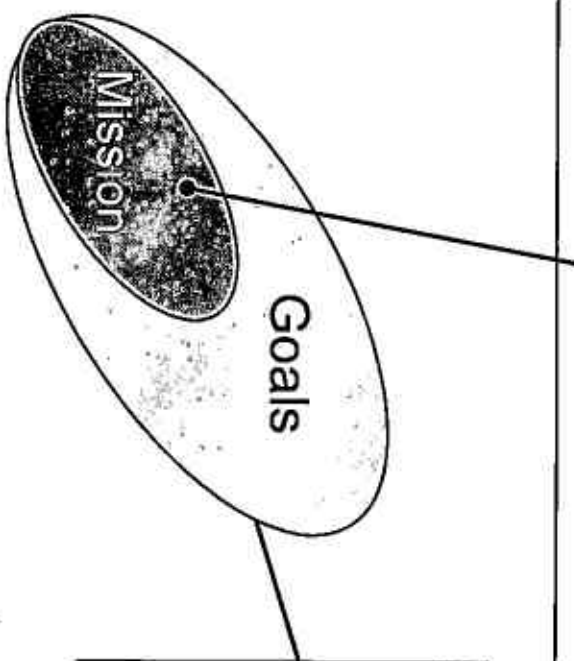
Selection of Partner, Organisational set-
up, Development, Integration, Testing etc.

M-2

Initial adoption in a limited set of locations, Platform will
be demonstrably ready for adoption on a large scale

National eHealth Authority

Statutory body for promotion/adoption of eHealth standards, regulate storage and exchange of Electronic Health Records.

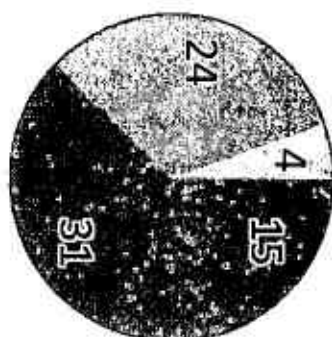


- To guide adoption of eHealth solutions
- To facilitate implementation of eHealth by integrating and harmonizing the standards
- To facilitate an orderly evolution of Electronic Health Record Store & Exchange

- Concept Note approved by Hon'ble HFM was in public domain till 10th May
- Examination of over 500 suggestions / feedback received
- A national consultation to discuss suggestions/feedbacks is proposed to be held soon.

SNOMED CT INRC

Affiliate License
for using
SNOMED CT-
till date



☒ Academic
☒ Commercial
☒ Individual
☐ Others

Workshops

Total 05 (2-day) workshops for
clinicians and vendors at
Noida, Chennai, Hyderabad, Kolkata
a, Bengaluru

~800 participants

Planned
activities

- IHTSDO Business Meetings and Showcase 2015 at Montevideo, Uruguay.
- Training on SNOMED CT at Delhi on Dec 09, 2015 in collaboration with FICCI for Insurance community.
- Workshop with STQC Directorate for EHR standards in Nov 2015.
- Workshop for Clinicians at Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGI) Lucknow in Nov/Dec 2015
- Second round of SNOMED CT workshops in tier-II cities till Mar 2016.

Privacy & security

- Privacy & Security of electronic health data a key concern to be addressed
- Currently, no specific legislation in place catering to it
- Legislation/Act for Health data privacy & security in many countries like USA, Canada, Australia, UK, Singapore etc.

- Legal Sub Group, under EHR Standards Comm. constituted to look into aspects of privacy & security
- ✓ Decided to have Health Data Privacy & Security Legislation enacted by Parliament
- ✓ Decided to involve an institution of repute in drafting the Legislation – contacted NALSAR, Hyderabad; IIT Kharagpur; NLSUI, Bangalore & ILS, New Delhi
- ✓ Selection of Legal Institute under finalisation





Receipt No : 641918/2017/E-GOVERNANCE

No.Q-11013/3/2015-eGov
Government of India
Department of Health & Family Welfare
(e-Gov Division)

Nirman Bhawan, New Delhi
Dated 26 October, 2015

OFFICE MEMORANDUM

Subject: Consultation with State Officials on 2.11.2015 - regarding.

With reference to the subject mentioned above, the undersigned is to inform that with the approval of Shri K.B. Agarwal, Additional Secretary, it has been decided to club the two Consultations with State officials being separately organised by Telemedicine and e-Governance Divisions on 2.11.2015. The extract of the approval note is enclosed for information and further necessary action at your end.

A copy of the invitation sent to the concerned States is also enclosed for reference.



(Sunita Dhaundiyal)
Under Secretary to the Government of India
Tel. No.23061843/358

Ms. Soma Sanyal,
Under Secretary (Telemedicine)
MoHFW, New Delhi.

26/10

O/c

Receipt No.: 641918/2017/E-GOVERNANCE

Subject: Full day consultation in MoHFW, Nirman Bhavan, New Delhi. on
2.11.2015 from 9.30 A.M in Room No.249, A-wing,
cohealth@gujarat.co.in, phsrajasthan@gmail.com,
hfwsec@gmail.com, prs-hfw@karnataka.gov.in,
pri.secy.hmfwap@gmail.com, poonam.malakondaiah@gmail.com,
sheelv@nic.in, psecup.health@gmail.com, secy.hlth@kerala.gov.in,
secy@health.kerala.gov.in, hs-chd@nic.in
Cc: dir.ehealth@gmail.com, sunita.dhaundiyal@nic.in,
chandrasens@deloitte.com, nimalhotra@deloitte.com,
bhanuprakash@deloitte.com

Date: 10/20/15 03:21 PM

From: "JITENDRA ARORA DIRECTOR" <jitendra.arora@gov.in>

JS SS letter to Pri Secy for use of ICT.pdf (1.3MB)

Sir/ Ma'am

With an aim to understand good practices of key States in use of ICT in Healthcare Service delivery and management, MoHFW proposes to hold a consultation with State officials and also some other stakeholders including vendors.

2. The key objectives of the proposed consultation are follows:

- To understand eHealth initiatives by state
- To discuss good practices of the state
- To take learning for better planning & implementation and going forward

3. A checklist of information for this purpose is attached as Annexure-I, according to which a presentation may be made by the State.

4. A full day consultation will be held on 2.11.2015 commencing at 9.30 A.M in Room No.249, A-wing, Nirman Bhavan, New Delhi.

5. Therefore, you are requested to please attend this consultation. In case of any clarification required, please feel free to get in touch with me (Jitendra Arora, Director (eGov), MoHFW) at 011-23062317.

6. I would also like to inform you that a meeting on the Concept Note on National Telemedicine Network is also being organized on 2.11.2015 in the Ministry (copy enclosed) with the concerned States. The same has been decided to be clubbed with the meeting on eHealth initiatives.

--

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

Receipt No : 641918/2017/E-GOVERNANCE

Subject: Full day consultation in MoHFW, Nirman Bhavan, New Delhi. on 2.11.2015 from 9.30 A.M in Room No.249, A-wing,

dir-gen@esic.nic.in

Cc: Jitendra Arora <dir.ehealth@gmail.com>, sunita.dhaundiyal@nic.in, chandrasens@deloitte.com, nimalhotra@deloitte.com, bhanuprakash@deloitte.com

Date: 10/20/15 03:08 PM

From: "JITENDRA ARORA DIRECTOR" <jitendra.arora@gov.in>

dgesic.pdf (835kB)

Sir,

With an aim to understand good practices of key States in use of ICT in Healthcare Service delivery and management, MoHFW proposes to hold a consultation with State officials and also some other stakeholders including vendors.

2. The key objectives of the proposed consultation are follows:

- To understand eHealth initiatives by state
- To discuss good practices of the state
- To take learning for better planning & implementation and going forward

3. A checklist of information for this purpose is attached as Annexure-I, according to which a presentation may be made by the State.

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5. Therefore, you are requested to please attend this consultation. In case of any clarification required, please feel free to get in touch with me (Jitendra Arora, Director (eGov), MoHFW) at 011-23062317.

--

Regards

Jitendra Arora
Director(eHealth)
Ministry of Health and Family Welfare
Nirman Bhawan (Room 307D)
New Delhi - 110108.
+91-11-23062317 (Telefax),
+91-9868453680(Mobile)

Receipt No : 641918/2017/E-GOVERNANCE

Sunil Sharma, IRPS

Joint Secretary



भारत सरकार
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निर्माण भवन, नई दिल्ली - 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi-110108
Tel.: +91-11-23061773
Fax : 91-11-23062157
E-mail : sunil.sharma62@gov.in

D.O. M-12011/1/2015 – eGov(Pt1)

Dated 17th October 2015

Dear Sir,

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6. I would also like to inform you that a meeting on the Concept Note on National Telemedicine Network is also being organized on 2.11.2015 in the Ministry (copy enclosed) with the concerned States. The same has been decided to be clubbed with the meeting on eHealth initiatives.

With regards,

Yours sincerely,

(Sunil Sharma)

Enclosure: as above.

To: Principal Secretary/Secretary (Health & FW) of Gujarat, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Kerala, Chandigarh.



National Rural Health Mission

Receipt No : 641918/2017/E-GOVERNANCE

**Ali R. Rizvi**

Joint Secretary

Tel. : 011-23062857

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निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O. No. T.21016/103/2014-TM

Dated : 14th October, 2015

Dear

Please refer to my D.O. letter of even no. dated 27/07/2015 & subsequent OM dated 03/09/2015 forwarding a Draft Concept Note on National Telemedicine Network (NTN) and seeking comments/observations on it in pursuance to the Minutes of the meeting of the Committee of Secretaries (CoS) held on 25.11.2014 under Chairmanship of the Cabinet Secretary. A copy of draft Concept Note is again enclosed herewith.

To finalise the Concept Note, a meeting has been scheduled under the Chairmanship of the Secretary, Ministry of Health & FW on 02.11.2015 at 2.30 PM in Room No.155-A, Ministry of HFW, Nirman Bhawan, New Delhi.

You are requested to please attend this discussion. In case of any clarification required, please feel free to get in touch with the undersigned or Shri Jitendra Arora, Director(TM), Ministry of Health & FW at 011-23062317.

Yours sincerely,

Encl. : as above

 (Ali R. Rizvi)

Shri

Secy., DeitY

and

Pr. Secy. Odisha, J&K, HP, Tripura, Kerala, Mah., Punjab & TN

US (Plan)
 Rl coordinate
 16/10/15
 AD(eGov)
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 4 drawings about a metro on 2nd

44

Annexure : Information Checklist for Consultation on eHealth**1. Software & Health IT System details**

- List of all health related Software along with brief details like target beneficiary, outcomes achieved etc.
- Platform : OS/Web Server/ Application Software / Database Server
- Deployment Architecture
- Current status of implementation
- Implementation Strategy in terms of technical manpower, operational manpower, data availability

2. Connectivity & Cloud

- Connectivity Status in the state
- Status Cloud Computing in state
- Data Volumes

3. Standards compliance

- EHR Standards compliance (Notified by MoHFW in Sep 2013)
- Compliance with other eGovernance policies/standards such as Open API Policy, Open Source Software Policy, MDDS etc.
- Challenges, if any, faced in compliance to standards
- As EHR Standards are being reviewed, suggestions, if any, in this regard

4. Unique Identifiers to Health practitioners, facilities & Patients

- Logic for UHID in HIS (hospital information system)-ensuring that duplication of registration for the same patient is avoided
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- Methodology followed for de-duplication whiles issuing UID to patients, facilities, practitioners etc.

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- Integration of HIS with other Health programme software
- Challenges being faced in ensuring interoperability

6. Data privacy & security

- Details of policy/guidelines in place regarding health data privacy & security
- Challenges being faced in ensuring privacy & security
- Suggestions on draft proposal of MoHFW for setting up National eHealth Authority (NeHA)

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7. Human Resource & Training

- Set-up for management of eHealth Initiatives
- Key training requirements

8. Future plan

- Plan for enhancing use of eHealth applications in the state

9. Any other suggestions for further strengthening of eHealth System in the country

Receipt No : 641918/2017/E-GOVERNANCE

Sunil Sharma, IRPS
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PL Issue R&I
By speed post

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To: Principal Secretary/Secretary (Health & FW) of Gujarat, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Kerala, Chandigarh.

9 Jitters



National Rural Health Mission

Receipt No : 641918/2017/E-GOVERNANCE

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Receipt No : 641918/2017/E-GOVERNANCE

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Q-11013/3/2015-eGov

D.O. ~~M-12011/1/2015-eGov(Pt1)~~

Dated October 2015

Dear

The Ministry of Health and Family Welfare is taking various initiatives in the areas related to use of ICT in Healthcare. In this regard, with an aim to understand good practices in use of ICT in Healthcare Service Delivery and Management, MoHFW is conducting a consultation with State officials and key stakeholders like Employee's State Insurance Corporation (ESIC) etc.

2. The key objectives of the proposed consultation is to understand the eHealth initiatives undertaken by states & key stakeholders like ESIC in the areas of Hospital Information System including EHR and to take the learnings/ good practices for better planning & implementation going forward.

A checklist seeking information for this purpose is provided at Annexure-I, according to which a presentation may be made.

3. The full day consultation will be held on 20.10.2015 commencing 9.30 A.M in National Institute of Health & Family Welfare, New Delhi.

4. Therefore, you are requested to please attend this consultation. In case of any clarification required, please feel free to get in touch with Shri Jitendra Arora, Director (eGov), MoHFW at 011-23062317.

Yours sincerely,

(Sunil Sharma)

Joint Secretary, MoHFW

Enclosure: as above.

To:

Shri Deepak Kumar

DG, ESIC,

Panchdeep Bhawan

Comrade Inderjeet Gupta (CIG) Marg,

New Delhi -110002

Tel: 011-23235481, Fax: 011-23237136

Receipt No : 641918/2017/E-GOVERNANCE

38

Q-11013/3/2015-eGov
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To:

Principal Secretary/Secretary (Health & FW) of Gujarat, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Kerala, Chandigarh.

Draft

Concept Note

Integrated Health Information Platform (IHIP)

Ministry of Health & Family Welfare

September, 2015

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Abbreviations & Acronyms

API	Application Programming Interface
DeitY	Department of Electronics & information Technology
DPR	Detailed Project Report
DSS	Decision Support System
EFC	Expenditure Finance Committee
EHR	Electronic Health Record
EMR	Electronic Medical Record
HIS	Hospital Information System
IaaS	Infrastructure-as-a-Service
ICT	Information & Communication Technology
IHIP	Integrated Health Information Platform
MMP	Mission Mode Project
MoHFW	Ministry of Health & Family Welfare
M2M	Machine-to-Machine
NeGP	National eGovernance Plan
NeHA	National eHealth Authority
PMU	Project Management Unit
SFC	Standing Finance Committee

Executive Summary

For effective adoption of ICT in Indian healthcare- aligned with health sector goals under Digital India Programme- need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange has emerged critical. The Steering Committee on eHealth- chaired & co-chaired by Secretary(HFW) and Secretary (Deity) respectively- has decided to establish a 'Integrated Health Information Platform (IHIP)'.

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc.- that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide. This would facilitate continuity of care, confidential & secure health data/records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies & medical errors, low data redundancy, big data analytics etc.

IHIP is proposed to encompass various components like eHealth applications, eHealth data; and eHealth infrastructure. Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course.

IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. At backend, Cloud Computing environment would be utilized. However, individual hospitals/healthcare facilities will have to put in the required infrastructure - terminals, peripheral hardware etc.- in their premises in order to access and use IHIP. Tried & tested open source solutions complying with EHR Standards offered by third parties, both public & private IT vendors, would be hosted on IHIP. Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per their need.

IHIP is proposed to be implemented and managed by a Special Purpose Vehicle (SPV) - a dedicated agency - set-up under MoHFW supported with adequate manpower and resources like PMU. It is envisaged to also have additional roles & responsibilities under its purview such as management of National Health Portal (NHP) and secretarial work of the proposed National eHealth Authority (NeHA).

The development of the IHIP is envisaged over the first year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

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Sustainability of IHIP needs to be addressed properly. for ensuring sustainability is attained, IHIP is planned to explore various possible revenue sources including from health information exchange platform like real-time data services to different healthcare providers, asynchronous data analytics /customized reports for health care analytics organizations etc. However, in short-to-medium term it would require funding assistance from the government, till it achieves a critical mass.

The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. Till the time NeHA is set-up, the implementing agency (SPV) would take care of such matters.

The immediate way-forward on setting up of IHIP includes:

- Consultation with different key stakeholders – DeitY, Industry Experts, Application/IT Vendors, Healthcare Providers etc.
- Estimation of costs involved
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

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Introduction

This Concept Note outlines objectives, components along with high level architecture, business model, implementation framework, cost elements & estimate etc. for the proposed Integrated Health Information Platform (IHIP). It has been prepared based on DPR of Health MMP, discussions held in meeting of Steering Committee on eHealth, deliberations held with MoHFW's officials/ Deity/Experts/ Solution Vendors etc., and review of select relevant documents available through desk research.

This Concept Note provides a base document for further discussion with the relevant stakeholders and subsequent fine-tuning & elaboration before it is converted into a proposal for EFC/SFC.

Background

During the last two years, a detailed exercise had been undertaken for scoping and preparation of project report for comprehensive adoption of ICT in Indian healthcare under Health Mission Mode Project (MMP)-aligned with Digital India Programme and E-Kranti (NeGP 2.0). It emphasised primarily upon the need for integration of and interoperability amongst various health IT systems and creation of electronic health records (EHRs) of citizens along with pan-India exchange.

Creation of EHRs of citizens and establishment of supporting infrastructure/ mechanism for exchange of health records emerges as one of the key focus areas under the plan for comprehensive use of ICT in healthcare. Accordingly, in the meeting of Steering Committee on eHealth held on 27th July, 2015, it was deliberated and decided to establish an 'Integrated Health Information Platform' primarily focusing on interoperable EHRs and subsequently to encompass other key components of eHealth, as feasible, like Drug Supply Chain Management, Citizen Portal etc., as underlined in Health MMP DPR.

Issues to be addressed

It has been observed that healthcare organisations are mostly operating in data-rich but information-poor environment. Patient health data is being gathered / stored - distributed over a number of locations and via a number of IT solutions - which is generally inaccessible, improperly formatted/not standardised and hence not interoperable. System interoperability along with supportive IT frameworks and optimal information exchange to support better healthcare services and thus outcomes is the key requirement in the prevailing scenario. Also need is there for transforming data into information and evidence, which could help in decision support systems (DSSs).

Multiple data sources need to be integrated in meaningful ways to improve services in relation to access, quality, user satisfaction and efficiency. With information sharing, volumes of independent sets of data across multiple systems can be brought together in integrated, relevant and useful summary views. Integrated data can be de-identified and aggregated in such a way to enable policy-

making decisions at public health level. The current focus is more on “pushing” vs “pulling” data, which often leads to ineffective data sharing and impedes care quality and efficiency impacting outcomes.

Key issues need to be addressed

Fragmented information streams/systems

Quality of data

Large volume of data collected

Duplication of data collection – *Data Redundancy*

Sub-optimal resource utilisation due to duplicate information systems

Lack of interoperability & accessibility of information

‘Push’ vs. ‘Pull’ model of data sharing

It is essential that information can be accessed from anywhere in the health system to facilitate seamless communication between different stakeholders like patient-to-provider, provider-to-provider, provider-to-health managers/government agencies, government/provider-to-academia etc. Data should only be recorded once, at its source (single instance capture), the systems need to be sustainable, data must be standardised and understandable and the system needs to be available locally.

Objectives of IHIP & Outcome envisaged

The overall and ultimate purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilisation of resources, availability of information/data – in secure manner and on real time basis- through integration of systems to ensure a comprehensive EHR Solution.

- *To aggregate & share data – by combining data source/health records at different places, improve quality by reducing duplication and manual transmission of data; ensure availability of health records / data across stakeholders/providers/hospitals, and*
- *To optimise resource – reduce duplication of data collection, reduce development and maintenance of overlapping systems*

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The specific objectives envisaged to be achieved through IHIP include:

- To leverage information & communication technologies (ICTs), aligned with health care goals under Digital India Programme & E-Kranti, meeting the requirements of different stakeholder groups- citizens, providers, policy makers & program managers
- To set-up a health information technology platform hosted on Cloud which has integrated and inter-operable standards compliant & open source healthcare management applications along with infrastructure/services for health information highway
- To enable real time collection & aggregation of data in an efficient & effective manner and to facilitate exchange of data across systems and stake-holders
- To facilitate improvement in quality/continuity and affordability of care through interoperable EHRs and better utilisation of resources
- To enable effective and efficient management of population health through real time aggregated data

The key outcomes/benefits envisaged from IHIP for different stakeholder groups include:

Stakeholder group	Outcome/ benefits
Citizen / Patient	<ul style="list-style-type: none"> • Continuity of care • Confidential & secure health data/records management • Better affordability-by avoiding redundant examination/ tests/procedures
Healthcare Providers	<ul style="list-style-type: none"> • Availability of real time and standardised data/information • Optimal information exchange to support better health outcome • Better decision support system • Fewer redundancies & medical errors
Payers	<ul style="list-style-type: none"> • Better and smoother management of billing and claims processes • Enhanced precision and speed of coverage payments to healthcare service • Better analysis of cost-effectiveness of coverage policies • Business intelligence and more sophisticated data analysis towards better coverage policies planning etc.
Government/ Health Managers	<ul style="list-style-type: none"> • Reduced duplication of data (single instance capture) - low data redundancy • Less fragmentation & more standardisation health information

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Stakeholder group	Outcome/ benefits
	<p>systems</p> <ul style="list-style-type: none"> • Strengthening of evidence base for effective policies • Big data analytics

With decentralisation and introduction of disruptive innovations /technologies, the full patient record is in various places - primary care, specialist, hospitals, pharmacy, home health care etc.- that must connect. IHIP would work in the direction to avoid a situation of data getting trapped in multiple silos and to enable EHRs of citizens to be made available and accessible nationwide irrespective of whichever hospital/ healthcare provider he/she went to.

Components & Architecture

The various design aspects – in line with the prevailing challenges - considered while conceptualising IHIP include the following:

Integration of multiple systems – primarily patient centric- working in silos

Data capturing at source in digital format

Sharing and aggregation of quality data with minimum latency across applications and stake-holders

Availability of uniquely identifiable, easily traceable & verifiable data/records in the system

Access to quality data to health managers, policy makers etc. capturing various parameters linked with determinants of health for effective & efficient healthcare delivery

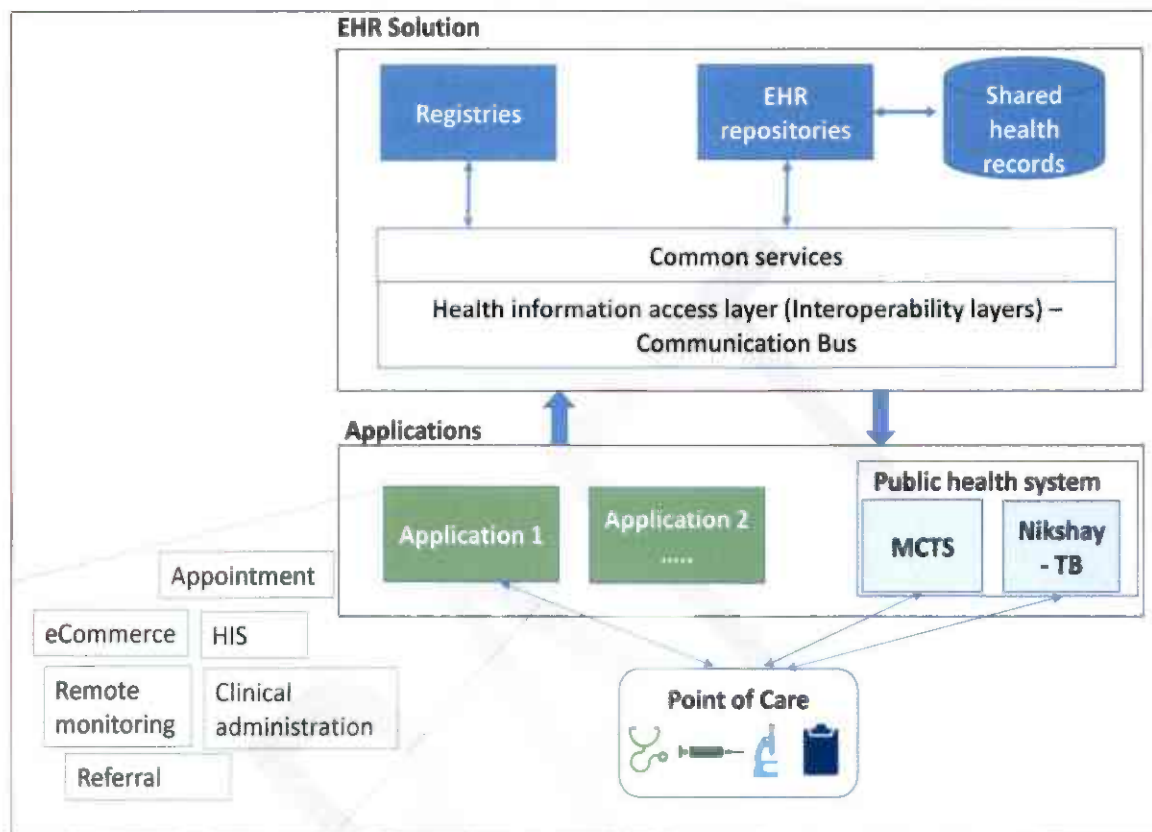
In line with the envisaged objectives, IHIP is proposed to encompass various components grouped as **eHealth applications** - describing tools and systems that will be used by users to interact with the system or for data processing; **eHealth data** - describing major data items and data that will be shared between components; and **eHealth infrastructure**: describing computing infrastructure required to support eHealth solutions

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Category	Brief
eHealth applications	
Application / Solution	<ul style="list-style-type: none"> • To meet various requirements related to creation of EHR through 'suite for digital health records creation & management' consisting of¹: <ul style="list-style-type: none"> ○ Hospital information management/ Clinical administration ○ Electronic medical records - medications, hospitalization records, laboratory test results, and radiology images etc. ○ Remote patient monitoring – through internet-of-things; wearable devices, M2M technologies etc. ○ Telehealth ○ E-commerce- billing, payment, insurance claims etc. ○ Patient communications – SMS, emails, voice ○ Business intelligence & Analytics ○ Etc. • Also to include Public Health Applications/Systems having interface with patient/citizen health records - those related to disease control/immunisation like Mother & Child Tracking System , TB Control Programme etc.
Information Exchange	<ul style="list-style-type: none"> • To facilitate exchange of information between different EMR systems • To connect to a database in which the medical records of the patients are collected from multiple providers and consolidated together • Exchange between patients, healthcare providers, payers, medical data providers
eHealth infrastructure	
Hosting environment & Database management	<ul style="list-style-type: none"> • Hosting of servers -application, database- on 'Cloud' • User of IHIP doesn't need to own servers/ storage/database
Standards	<ul style="list-style-type: none"> • Compliance of applications to EHR Standards, Open Source Software Policy, Open API Policy, other relevant eGovernance Standards
Privacy & Security	<ul style="list-style-type: none"> • Patient consent/ permissions • Disclosure management
eHealth data	
Registry / Identifiers	<ul style="list-style-type: none"> • Unique identifiers for patients, providers, facilities
Repositories	<ul style="list-style-type: none"> • Health records

¹ Given on illustrative basis; suite may include all or some

An architecture representing the fundamental organisation of IHIP's components, their logical relation to each other/other systems and their inter-dependencies has been outlined and presented as below. These components need to interact amongst themselves according to a certain plan or design.



The points of care already having EHR applications running could join the platform for various common services and information exchange facilities/ interoperability features.

Business model

Business model for IHIP has been envisaged on the basis of a set of guiding principles - asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, cafeteria model of service offering on payment basis, and attaining financial sustainability in due course. These are detailed as follows. IHIP is proposed to use public – private partnership in an effective manner.

Business model element	Details
Infrastructure as a service	<ul style="list-style-type: none"> • IHIP would primarily adopt a model of 'Infrastructure as a Service (IaaS)' i.e. hiring/availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. • At backend, Cloud Computing environment would be utilized.

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Business model element	Details
	<ul style="list-style-type: none"> • However, individual hospitals/healthcare facilities will have to put in the required infrastructure – terminals, peripheral hardware etc.- in their premises in order to access and use IHIP.
Application as a service	<ul style="list-style-type: none"> • Based on evaluation - tried & tested solutions, open source solutions, complying with EHR Standards-application(s) of third parties, both public & private IT vendors, would be selected. • Various developers including innovative start-ups can host their standards compliant applications/solution-suites on IHIP after due process of evaluation by the Ministry. • Users can use the applications taking a 'Cafeteria Approach' i.e. to choose application from available options as per need
Fee for service	<ul style="list-style-type: none"> • The application providers having their applications hosted on IHIP can decide their fee structure to be charged from users- subscription fee / transaction fee etc.- based on service levels.
Regulatory	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc.
Funding assistance	<ul style="list-style-type: none"> • For common services and exchange facilities, it is proposed that in initial phase (3-4 years) funding assistance could be provided by the Ministry to various related expenses. • Subsequently, IHIP could evolve a charging mechanism / structure for the common and exchange related services, which could be based on transaction fee/ subscription fee etc.

Implementation Framework

IHIP is proposed to be implemented and managed by a Special Purpose Vehicle (SPV) – a dedicated agency - set-up under MoHFW. The SPV would have the requisite resources and organisational structure to carry out development and operations management for IHIP. It would be assigned independent roles and responsibilities with an appropriate governance structure. The proposed SPV would also have additional roles & responsibilities under its purview such as management of National Health Portal (NHP) and secretarial work of the proposed National eHealth Authority (NeHA).

Development & implementation of IHIP will require administrative structures to be created. The structure & manpower proposed, in respect of Implementing Agency established under the Society and PMU is provided as follows:

Set-up	Details ²
Implementing Agency	<ul style="list-style-type: none"> • It will be responsible for overseeing the development & initial implementation of IHIP and will have around 30 personnel as per the following details: <ul style="list-style-type: none"> ○ Advisor : 1 ○ Senior Staff/ Project Manager : 4 ○ Domain Experts/ Consultants : 25 • The team would be hired in phases over a period of two years.
PMU	<ul style="list-style-type: none"> • It will function within the Ministry of Health & Family Welfare & coordinate with the Implementing Agency. • PMU-Centre will be structured along the lines recommended in the HR Policy report, 2013 for e-Governance for Ministries undertaking large MMP. • PMU-Centre will consist of total of 5 personnel: <ul style="list-style-type: none"> ○ Programme manager : 1 ○ Functional consultants : 2 ○ Technical consultants : 2

Implementation timeframes

The development of the IHIP is envisaged over the first year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

Cost elements

The various cost elements as identified for setting up of IHIP have been identified and are listed below. *The task of estimating these costs is underway and is expected to be completed shortly.*

Cost element	Type	Details
SPV set –up	Non-recurring	• Office infrastructure, set-up
Test bed cost	Non-recurring	• For initial testing of IHIP
Integration of software / applications	Non-recurring	• For establishing inter-operability layers
Health information exchange set-up	Non-recurring + Recurring	• Including software and hardware

²The manpower strength shown is tentative in nature. It would be fine-tuned subsequently.

Cost element	Type	Details
Human resource	Recurring	•Including cost of PMU
Hosting charges – Cloud	Recurring	•Cloud- 'Meghraj' - could be assumed to be available free of cost
Network Connectivity charges	Recurring	•Connectivity through various infrastructure set-up by Government – Bharat Net, NKN, NII etc. - could be assumed to be available free of cost.
Miscellaneous	Recurring	•Travels, training,

It has been assumed that the cost related to preparatory works at different public hospitals/health facilities would be taken care from the respective budgets of these hospitals/facilities.

Challenges & mitigation strategies

The various possible challenges anticipated in implementation / scale up of IHIP have been identified and accordingly mitigation strategies have been broadly outlined as follows:

Challenges	Mitigation strategy
Sustainability of IHIP	<ul style="list-style-type: none"> •Explore possible revenue sources from health information exchange platform like: <ul style="list-style-type: none"> ○ Real-time data services to different healthcare providers Asynchronous data analytics and customized reports for health care analytics organizations- these entities will generate revenue by performing customized analyses that are of value to a wide variety of potential customers. These services can include risk assessment reports for health insurance companies, automatic alerts to patients about the negative interactions of the drugs that are being prescribed, deidentified summaries of patient records for medical researchers and geographical health trends or prediction of outbreaks of infectious disease for public health authorities etc.
Adoption & change management	<ul style="list-style-type: none"> •It is proposed to follow a comprehensive framework based on awareness/sensitisation- about benefits-and training for implementation so as to properly address the challenge of change management.
Attaining critical	<ul style="list-style-type: none"> •Key challenge would be in terms of scalability of the platform &

Challenges	Mitigation strategy
mass in time& scaling up	<p>management of the scaled up centralized platform given the varied and diverse nature of the requirements of healthcare providers ranging from individual practitioners to large hospitals across public & private sector.</p> <ul style="list-style-type: none"> • Participation of public healthcare sector into IHIP could be promoted by Ministry. This would enable IHIP attain critical mass and more. • Hospital/facilities empanelled under Central Government Health Scheme (CGHS) could be advised to use IHIP for better and cost effective service delivery. • Co-working with Indian Health Information Network, different Healthcare associations etc. for promoting use of IHIP
Incentive to share EHR	<ul style="list-style-type: none"> • For public health sector, Government provided funding assistance for setting up of HIS/ EHR applications under NHM. • Otherwise, incentives to share EHR would need to come from Payers segment (like Insurance Companies, ESIC, Employers etc.) as they benefit significantly in terms of faster claim processing, settlement etc.
Data privacy & security	<ul style="list-style-type: none"> • The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care of by the proposed National eHealth Authority. • NeHA would also regulate other specifics like what information to be shared, within what timeline the information should be shared etc. • Till the time NeHA is set-up, the implementing agency (SPV) would take care of such matters.
Standards adoption & compliance	<ul style="list-style-type: none"> • IHIP will follow the EHR Standards notified for India. The data to be uploaded on the platform by health care providers will be as per the minimum data set defined in the EHR standards. • It will adopt Metadata & Data Standards (MDDS) for semantic interoperability, when MDDS for Health Domain is notified. • It will adopt Demographics MDDS, notified by DeitY, as relevant

Way forward

The immediate way-forward includes:

- Consultation with different key stakeholders – DeitY, Industry Experts, Application/IT Vendors, Healthcare Providers etc.
- Estimation of costs involved
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

References :

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1. Health MMP DPR, March 2015, by NISG
2. A Sustainable Business Model for HealthInformation Exchange Platforms: TheSolution to Interoperability in Healthcare ITNiamYaraghi, January 2015
3. Hillestad, R., Bigelow, J., Bower, A., Girosi, F., Meili, R., Scoville, R., & Taylor, R. (2005). Can Electronic MedicalRecord Systems Transform Health Care? Potential Health Benefits, Savings, And Costs.

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India Health Information Network (IHIN)

1st Committee Meeting

30 May 2015, FICCI, New Delhi

Minutes of the Meeting

The first meeting of the India Health Information Network (IHIN) was held on Saturday, 30th May 2015 at FICCI, New Delhi. The list of participants is attached as Annexure A.

Ms Shobha Mishra Ghosh, Senior Director, FICCI extended a warm welcome to all members, and thanked MoHFW for providing FICCI the opportunity to facilitate the activities of IHIN and host the first meeting. She also thanked Shri NB Dhal, Joint Secretary - NBD, MoHFW, GoI, and Ms Sangita Reddy, Joint Managing Director, Apollo Hospitals Group for Chairing and Co-Chairing the meeting respectively. Ms Ghosh also shared briefly on FICCI's contribution towards developing the standards of Electronic Health Records (EHR), and various other initiatives that FICCI has been a part of in promoting E- Health along with the government. She invited Shri Dhal, to give his introductory remarks and overview of IHIN.

Shri NB Dhal in his opening remarks, thanked all the members who had joined in large numbers for the meeting despite being a Saturday. He shared the government's vision towards digitizing healthcare in India with NeHA, and IHIN being the first step in that direction. He further mentioned that he envisages IHIN to be a self-sustaining body driven by stakeholders - both private, public and other national and international bodies, with full support of the Ministry in realizing its goals.

Continuing the welcome, **Ms Sangita Reddy** appreciated the government's efforts, initiatives and its commitment towards digitizing the healthcare sector of the country. She highlighted the importance of implementation of IT in healthcare sector and how it will greatly impact the society at large and hence urged all stakeholders on providing IHIN with the right impetus, energy, financing and brainpower to fuel this important initiative. She further emphasized the need of all the concerned Stakeholder to come together, in a collaborative effort, for fulfilling the Prime Minister's vision of 'Digital India'.

Key Discussion Points of the Meeting -

1. Discussion on Functioning of IHIN & Its Governance Structure

- IHIN to be registered as a non-profit society with its own MoA and Bye Laws. To have a full time Secretariat with a CEO, goals and targets, till that time FICCI to facilitate its functioning. FICCI also suggested the option of making IHIN an allied Body of FICCI.
- IHIN to have mandatory representation from Government. IRDA and DCGI to be sitting member of the Committee
- Government to Co-Chair the Committee, and Ministry may be requested to provide some funding support for the initial period, till the time it becomes self-sustaining.. Microfinance model could be used as a suitable financing model for IHIN. Funding from NORAD, Private and Public organizations to be explored later on, to make the funding broad based.

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- The group to be widened, to include more members including State Government, IIB, CII, MCI, IMA etc.
 - IHIN needs to be institutionalized to avoid ad-hoc-ism and maintain continuity.
 - IHIN to affiliate and collaborate with National and International multilateral agencies, Consulting Organizations as advisory and knowledge partners.
 - Engage with States by creating state level committees and regional meetings.
 - Need for a suitable mechanism to solicit feedback on the functioning of IHIN.
 - IHIN to have its own knowledge management portal which would have a moderator, where people can share and exchange views on e-health.
 - IIB to help regarding guidelines on information security
 - States participation in IHIN is necessary and accordingly membership of IHIN should be broadened.

Actionable

- FICCI to organize at least three one day workshop on creating sensitization on IHIN and NeHA across India.
- FICCI to create a dedicated page on its website on IHIN and its members along with their details for a mailing list.

2. Discussion on IHIN Objectives & Purpose

- Define Vision, Mission, Guiding Principles, Charter, Scope and Roles of IHIN. Also include the role played by Government Departments and agencies like DIT, NeHA, MoHFW, IDRA
- Initially to have four working groups
 - 1) Structure & Governance (to be chaired by Mr Rajendra Gupta),
 - 2) EHR & Standards (to be chaired by Dr BS Bedi)
 - 3) Vision of IHIN (Mr Venkat Iyer & Mr Gaur Sundar),
 - 4) Digitization of Health Insurance (IRDA & Mr Alam Singh)
- A clinical expert to be co-chair of each subcommittee
- Have a clear Roadmap/ Architecture in Place for the Target Areas viz. EMR Adoption / Proliferation – Government and Private Hospitals, EHR/ HIE, Tele-Health and E-Claims Management/ electronic Payments
- National Health Portal (NHP) has been set up to provide authentic health related information for various stakeholders.
- Committee to ensure that the standards are adopted by the IT companies and vendors
- IHIN to also work on -
 - Provide inputs/suggestions to the EHR Standards Committee, MDDS Committee as well as Legal Sub Group which is working on 'Health Data Privacy & Security Act' for India. 2)
 - 3) Promote EHR standards through various government programs
 - 4) Work on capturing relevant medical information on diseases from different parts of the country, and collect the data in a centralized server, which will help in monitoring of disease patterns and in predicting health trends in the country.
 - 5) Providing a platform for health technology start-ups to showcase their innovations
 - 6)
 - 7) Provide direction in which ICT in health should move (telemedicine, online drugs availability etc.)
 - 8)
 - 9) Need to deliberate the value of implementation of digitization/ e-health, by engaging all Stake holders, including State Governments,

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Actionable

- FICCI to prepare and circulate glossary of responsibility of each member so that the committee has role clarity of its members without any overlapping of work
- ePMU team members of the Ministry, hired through Deloitte may provide initial support to IHIN, and provide knowledge inputs to the Committee.
- Con-Call after two weeks to take stock of the progress

Meeting ended with Thank You note by Ms Shobha Mishra Ghosh, Senior Director, FICCI

Annexure - A**List of Attendees**

NB Dhal	Joint Secretary - NBD	MoHFW, Gol
Sangita Reddy	Joint Managing Director	Apollo Group of Hospitals
Jitender Arora	Director	MoHFW, Gol
Arvind Sivaramakrishnan	CIO	Apollo Hospitals Enterprise Ltd
Ashokkan Somuveerappan	Group CIO	Columbia Asia Hospitals
Varun Sood	Head - IT	Fortis Hospital
Venkat Iyer	Global CIO	Woodhardt Ltd
Ishaq Quadri	Group CIO	Kerala Institute of Medical Sciences (KIMS)
Dr A K Gadpayle	Medical Superintendent	Dr RML Hospital
Dr Karanvir Singh	Chief Medical Information Officer	Apollo Indraprastha Hospitals
Dr J Augustine	Associate Professor - Medical Officer & In charge -IT	Maulana Azad Medical College
Gaur Sunder	Principal Technical Officer - Medical Informatics Group	CDAC
BS Bedi	Adviser - Health Informatics	CDAC
Yegnapiya Bharath	Joint Director	IRDA
Sanjay Singh Negi	Senior Consultant & Director	BLK Super Speciality Hospital
Dr Kanav Kahol	Team Leader - Affordable Health Technologies Division	PHFI
Mr Ashis Panda		SIFY
Dr Amit Mishra	Sr. Consultant	NHSRC
Prof. Suptendra Nath Sarbadhikari	Project Director	Centre For Health Informatics, National Health Portal
Dr MM Mehndiratta	Director	Janak Puri Super Speciality Hospital
Munender Soperna	CIO	Dr Lal Pathlabs
Pradeep Achan	CEO	Amrita Institute of Medical Sciences
Deepak Dharmadev	Project Manager	Amrita Institute of Medical Sciences
Segar Sampathkumar	General Manager	The New India Assurance

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Asha Nair	Director & General Manager	United Insurance
Dr Sara Chamberlain	Head of Information Communication Technology	BBC Media Action
Dr. Abhimanyu Panda	Dy. Med. Commissioner, (ICT- Dhanwantari)	Employees State Insurance Corporation
Rajendra Pratap Gupta	Chairman & Board of Directors	HIMSS ASIA PACIFIC INDIA
Dr SB Bhattacharyya	Head - Health Informatics	Tata Consultancy Services
Kripa Gopalan	Chair- Advocacy & Policy	HIMSS Asia Pacific India
Chandrasen Shrivastava	Program Manager	Deloitte
Nikhil Malhotra	Consultant	Deloitte
Manish Jain	Director – Growth & Strategy	Johnson & Johnson
Alam Singh	Advisor	LexisNexis
Shobha Mishra Ghosh	Senior Director	FICCI
Anirudh Sen	Deputy Director	FICCI
Syed Quasim Ali	Assistant Director	FICCI

Department of Health & Family Welfare
e-Governance Division

Subject: Minutes of the Steering Committee Meeting on E-Health held on 27th July, 2015 to review progress of Health Mission Mode Project, discuss the comments/suggestions on EFC Memorandum & way forward

A meeting of the Steering Committee on E-Health was held on 27th July 2015 to discuss the comments/ suggestions received from NITI AYOOG, D/o Expenditure and D/o E & IT on the Health MMP EFC Memorandum. The meeting was chaired by Shri B.P. Sharma, Secretary (HFW). The list of participants is placed at **Annexure - A**.

2. Secretary(HFW) welcomed the participants and requested Shri N. B. Dhal, JS(eGov), DoHFW to apprise the members and participants regarding progress on Health MMP and other strategic initiatives.

3. JS(eGov) made a brief presentation on the MMP's salient features, summary of the comments/suggestions received on the EFC Memorandum and progress on setting up of NeHA & proposed legislation on health data privacy & security. A copy of the presentation is placed at **Annexure -B**.

4. JS(eGov) informed that Health MMP is fully aligned with the principles of 'E-Kranti (NeGP 2.0)' under Digital India programme and would work towards achieving the Hon'ble PM's vision of providing a wide set of services (covering public health, services at hospitals, drugs supply chain, GRP and Citizen portal) and developing electronic health records of citizens across all public hospitals in states initially and nationwide progressively. The architectural components, like HIEs and EHR repositories in states, provide for integration of data and EHRs from private

hospitals as well. It was also informed that only Telemedicine has been kept outside the scope of the DPR. The strategic implementation-framework envisaged covered standards, modular implementation approach, progressive use of UID (Aadhar), federated architecture, use of GoI Cloud/National Information Infrastructure, mobile & other upcoming technologies etc. Further, the key features of the planned Integrated Healthcare IT platform (to be hosted on the cloud) - its purpose, architecture, inter-operability, scalability, use by both public & private sectors (on user charges basis for private sector) etc. - were highlighted. He mentioned that the costing in the DPR covers public sector facilities and users only, based on normative parameters & detailed workings in line with the pan-India number of health facilities/hospitals. He also mentioned that in order to ensure efficiency of operations, need for a 'special purpose vehicle' to provide implementation support was strongly felt and had been proposed in the EFC. Nasscom-NatHealth Joint Council (NNJC) has also suggested similar SPV structure (for central healthcare IT platform), though shareholding & management structure details are yet to be furnished.

5. JS(eGov) further mentioned that the Health MMP had been broadly supported by DeitY, Niti Ayog and Department of Expenditure; however both D/o Expenditure & NITI AYOG have suggested that the MMP should be aligned with the existing CSS of health and funding should be tied-up may be under NHM. He also briefed that in the EFC Memorandum, exploring option of loan under IDA, World Bank had been mentioned, however no formal discussion in this regard had been held so far.

6. Thereafter, Secretary(HFW) talked about the presentation on NHM made to Hon'ble PM on 09.06.15, wherein the vision & goals of Health MMP were also briefly mentioned and the need for an initiative like this was appreciated. However, the funding of the MMP needs to be tied-up. As of now, the MMP's implementation has been planned in two phases- three states in phase 1 & remaining in phase 2- so that the funding requirement is manageable and also before pan-India implementation, results are demonstrated in pilot states. He mentioned that the need for integrated healthcare IT platform, facilitating inter-operability & data exchange, had been strongly felt by different quarters including private sector. NNJC's proposal is based on the similar lines and also highlights the criticality of private sector participation in some manner. Secretary(HFW) then requested the participants to share their views and suggestions on roll-out of MMP's in an effective and manageable way.

7. Shri Tapan Ray, Additional Secretary (DeitY) stated that the Health MMP was very much needed and detailed planning had already been done. The MMP is aligned with E-Kranti principles and now MoHFW should go ahead with the roll-out of Health MMP, in a suitably phased / modular manner. He mentioned that development of a common integrated healthcare IT platform, which is scalable, interoperable & compliant to standards, could be starting point for the roll-out.

8. Regarding observation by DeitY on SNOMED CT not being an open standard, it was clarified that MoHFW had taken a decision to adopt SNOMED-CT as one of the notified EHR Standards based on the technical merits of using the same and with concurrence of DeitY and CDAC. After

India became member of IHTSDO (the agency managing SNOMED-CT development, distribution and support worldwide) in 2014, it has been decided that all users, including private healthcare providers, can use SNOMED CT free in India.

9. Shri Arunish Chawla, JS(PF-II), D/o Expenditure stated that D/o Expenditure was fully supportive of the Health MMP; however no new CSS (other than those included in the list of 66 CSSs) may be introduced and no new body may be set up. He suggested that the funding for the MMP could be sought under the Digital India program since E-Kranti- one of the pillars of Digital India- focuses on eHealth services covered by the MMP. He also mentioned that MoHFW should emphasise upon adoption of standards/Metadata, integrated MIS etc. and must move ahead with creating an integrated Health IT Platform, which could be leveraged by public health sector and later on, private health sector could also be brought on-board.

10. Regarding setting up of National eHealth Services Corporation for Health MMP implementation, JS(eGov), DoHFW clarified that need for such a body was strongly felt for handholding & implementation support to states and had been proposed to be set up with shareholding from both public (centre and states in equal measure) & private in mix of 49% & 51% respectively. Goods & Services Tax Network (GSTN), set up on similar lines, is already functioning well.

11. Thereafter, Secretary(HFW) stated that for effective and efficient implementation of the planned project activities, setting up of a dedicated

structure/body (may be with participation from private sector) was required.

12. Dr. Jagdish Prasad, DGHS suggested that Health MMP should be implemented in a phased manner. MoHFW might examine the possibility of implementing one pillar (like Public Health System) pan-India, out of the five pillars/areas identified under the MMP.

13. Shri Sanjiv Mital, CEO, NISG mentioned that it would be useful to develop the integrated health IT platform and have it rolled out in a state by hosting on cloud. This would then help demonstrate the working the platform in field operating conditions and it's ease of use; then it would become easier for other states to adopt the platform in a shorter time-frame.

14. Shri Manoj Jhalani, JS (Policy), DoHFW agreed with the idea of creating an integrated health IT platform and suggested that some budgetary support could be provided under NHM for roll out of the mission mode project like for hardware, training, capacity building etc. in facilities of States/UTs.

15. Shri C. K. Mishra, AS&MD(NHM), DoHFW mentioned that extending funding support under NHM for roll out of Health MMP may not be feasible.

16. JS (eGov) also apprised the participants about the status of setting up of NeHA. He stated that various comments/suggestions on NeHA Concept Note had been received and were being examined. Most of the suggestions mentioned about the need for NeHA to be set up as a statutory body. He further mentioned that a national level consultation was proposed

to deliberate on the comments/suggestions and refine the concept note so that it can be used as the basis for drafting the legislation to set up NeHA as a statutory body. He also stated that pursuant to the recommendation of the legal sub-group under EMR/EHR standards committee under chairmanship of AS&DG(CGHS), DoHFW had decided to prepare a draft legislation for health data privacy & security and had accordingly sought involvement of an institution of repute in drafting the legislation. Four institutes namely IIT, Kharagpur; NALSAR, Hyderabad; NLSUI, Bangalore & IL&S, New Delhi have been contacted for EoI. The envisaged legislation would entail setting up of NeHA as enforcing body for the Act.

17. Based on the detailed discussions, the following decisions were taken by the Steering Committee:

- a) Development of an integrated health IT platform (supporting the envisaged architecture, having scalable properties and supporting compliance with IT and EMR/EHR standards of DeitY and MoHFW respectively and thus enabling interoperability) may be taken-up first, paving the way for phased implementation of the MMP. In this regard, a note with the budgetary outlay may be prepared for approval.
- b) States may be encouraged to allocate enough funds from their healthcare budget for adoption and roll-out of Health MMP in their respective states, leveraging the integrated health IT platform.
- c) Discussions with World Bank may be taken up to explore the option of funding for implementing health MMP in 3-4 pilot states.
- d) National consultation may be held to deliberate upon the comments / suggestions received on the Concept Note for setting up of NeHA.

- e) Considering the need of privacy and security of the health data, MoHFW may continue with the task of drafting a legislation for Health Data Privacy & Security which may also entail provision for setting up NeHA.

The meeting concluded with a vote of thanks to the chair & the participants.

Annexure-A

1. Dr. Jagdish Prasad- DGHS, MoHFW
2. Sh. Vikas Garg- Spl. Secretary (Health & Family Welfare) Chandigarh, Punjab
3. Sh. Tapan Ray- AS, DeitY
4. Sh. N.S. Kang- AS & DG, CGHS, MoHFW
5. Sh. C.K. Mishra- AS & MD, MoHFW
6. Dr. Arun K Panda- AS(H), MoHFW
7. Sh. Arunish Chawla- JS(Expenditure), Ministry of Finance
8. Sh. Manoj Jhalani- JS (Policy), MoHFW
9. Dr. Rakesh Kumar- JS(RCH), MoHFW
10. Sh. N.B. Dhal- JS, MoHFW
11. Sh. Sunil Sharma- JS, MoHFW
12. Dr. N.K. Dhamija- Dy. Commissioner(Training and Telemedicine) MoHFW
13. Dr. S.K. Thirunavukarasu- Deputy Director, TNHSP HMIS, Govt of Tamil Nadu
14. Sh. Sunil Kumar- Senior Technical Director (NIC), MoHFW
15. Sh. Sanjeev Mital- CEO, NISG
16. Sh. Sudhir Saxena- VP, NISG
17. Sh. S. Rama Krishnan- Adviser, NISG
18. Sh. Praveen Srivastava- JD, CDAC
19. Sh. Chandrasen- PL, ePMU, MoHFW
20. Sh. Bhanu Prakash- Consultant, ePMU, MoHFW
21. Sh. Nikhil, Functional-Consultant ePMU, MoHFW

Health Mission Mode Project (MMP)

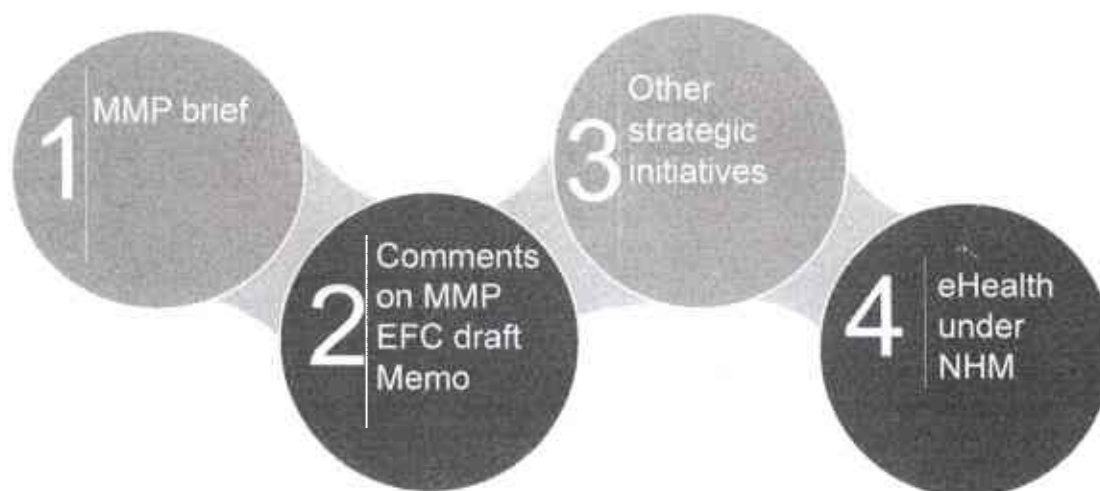
Steering Committee Meeting



Ministry of Health & Family Welfare

27th July , 2015

Presentation outline



Receipt N

Health MMP- timeline

Core Scope Study	DPR Commissioned	Draft DPR Submitted	Final DPR for Health MMP	EFC for Health MMP
<ul style="list-style-type: none"> • Study commissioned in October 2012 • National Workshop in March 2013 • Core Scope Document submitted in June 2013 	<ul style="list-style-type: none"> • DPR commissioned in October 2013 • Draft DPR V1.0 submitted by NISG in March 2014 • Comments / inputs of the Ministry and states shared with NISG 	<ul style="list-style-type: none"> • Draft DPR V.2.0 submitted by NISG in June 2014 • Inputs / Comments of Steering Committee & DeitY shared with NISG for incorporation in Sept 2014 	<ul style="list-style-type: none"> • DPR V.3.0 submitted in November 2014 prepared to ensure alignment with Digital India & re-evaluate funding requirement • DPR V3.1 submitted in January 2015 	<ul style="list-style-type: none"> • EFC Memorandum circulated to NITI Aayog, DeitY & D/o Expenditure in May 2015 • Comments received in June 2015

Ministry of Health & Family Welfare

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Health MMP- vision & mission**Vision**

"Integrated service delivery model of eHealth that serves all stake-holders and enables better health outcomes"

Goals

To move towards an integrated service delivery model of eHealth that

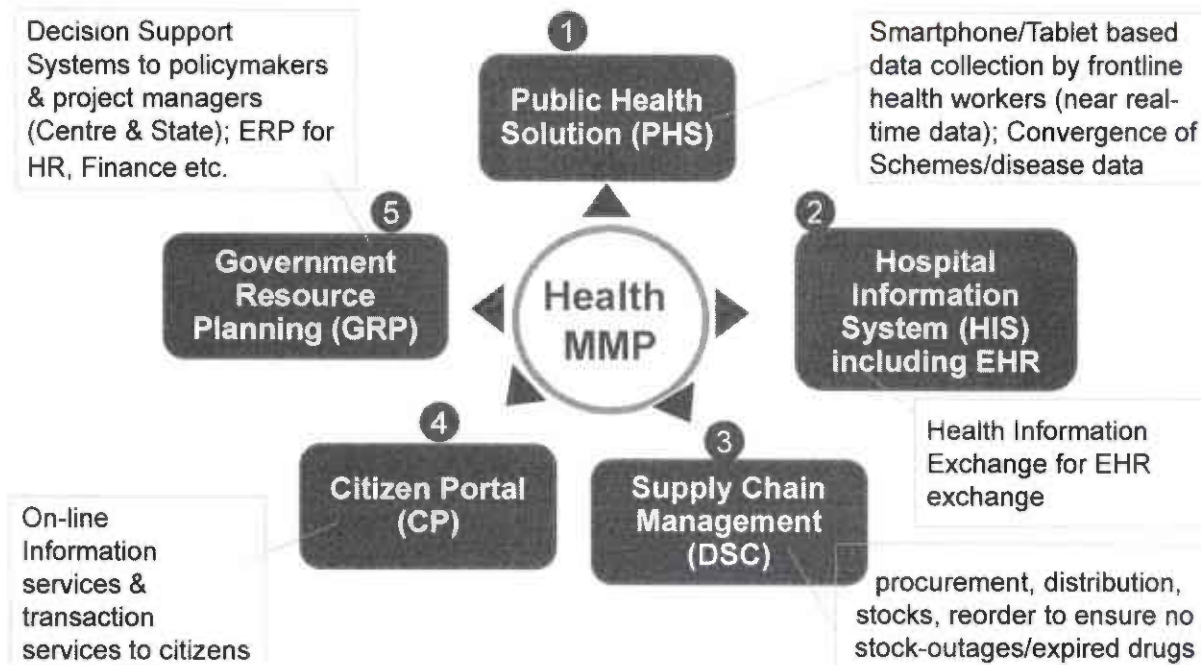
- serves the needs of all stake-holders
- provides greater efficiency, transparency and responsiveness
- enables better health outcomes, quality & affordable healthcare, improved access and lower disease burden.

Ministry of Health & Family Welfare

4



Salient Features of Health MMP DPR

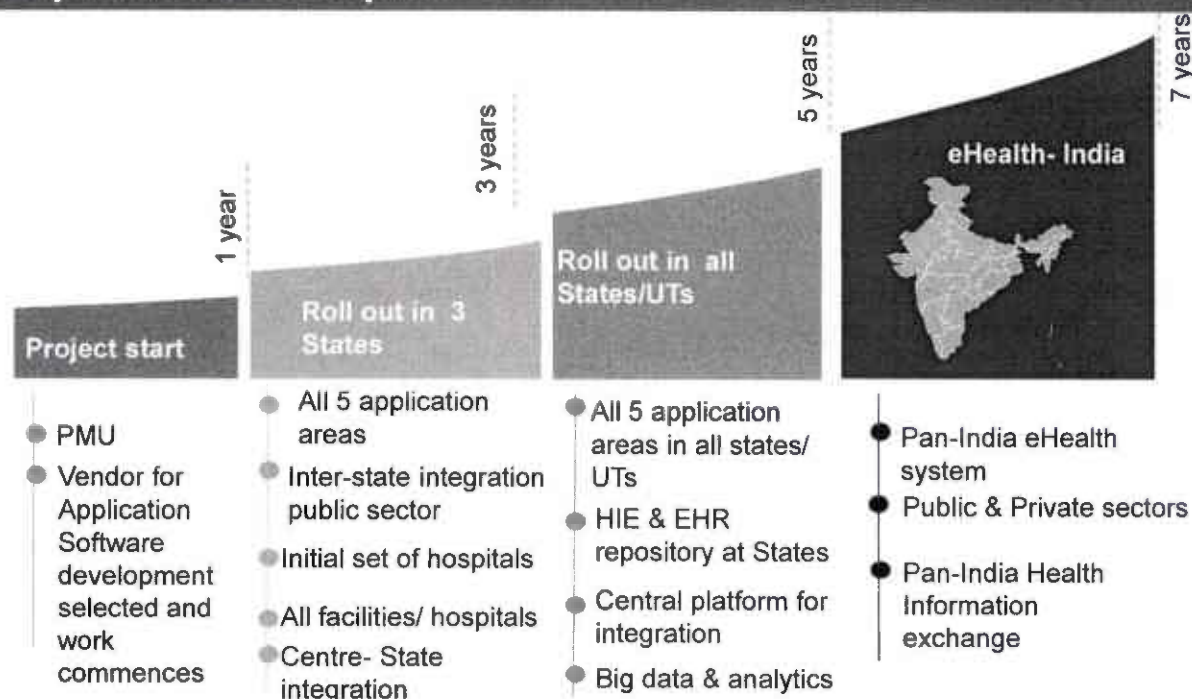


Health Mission Mode Project is aligned with Digital India programme.

Ministry of Health & Family Welfare

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Implementation plan



- Use of Social, Mobile, Analytics, Cloud & leveraging their advantages in MMP
- Use of Bharat Net, GUN, NII, NKN, Government Cloud under 'Meghraj' framework etc.

Ministry of Health & Family Welfare

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Salient Features of Health MMP DPR

Projected Funding Requirement

CAPEX	+	OPEX	=	Total
Rs. 3,908 Crores		Rs. 4,478 Crores		Rs. 8,387 Crores

Rs. in Crores (approx.)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
CAPEX	40	198	182	3,421	24	22	0	3,889
OPEX	56	101	286	709	914	1,061	1,328	4,456
Contingency	0.5	1	2	21	5	5	7	42
Total	97	301	471	4,151	943	1,089	1,335	8,387
Cumulative	97	398	868	5,020	5,962	7,052	8,387	

- In the first phase, roll out of all five application areas along with health information exchange planned to be rolled out in 3 states
- Projected funding requirement of ~Rs.900 crores in 3 years

*Estimated without taxes; contingency of 0.5% of total; no inflationary increase assumed.

Ministry of Health & Family Welfare

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Envisaged strategic framework

Inter-operability of system	Loosely coupled modules	Resource optimization	Unique identification
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Federated architecture

Modular approach with GRP

Adoption of standards & protocols for inter-operability & data portability, information exchange; & eGovernance e.g. open API, OSS, Language localization etc.

Need to achieve convergence amongst various health IT systems to provide integrated services to various stakeholders in a robust and efficient manner; obtain reliable information for policy making; ensure efficient program & service delivery

Use of Gov cloud, NII

Use of mobile/feature/smart phones, tablets for data collection and analytics

Progressive Use of "Aadhar" (UID) for seeding of master registries of citizens/patients

Use of GIS- facility mapping, monitoring, planning etc.

Ministry of Health & Family Welfare

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Proposed organizational set up for MMP

Oversight and policy forum to review progress of Health MMP, recommend allocation of resources and decide other strategic measure

Steering Committee

Project Management Unit
– Centre & States

National e-Health
Services Corporation
(NeHSC)

Planning, co-ordination with states & other stake-holders, project management, oversight of service provision etc.

SPV, to be set up as a not-for-profit company for provision of services relating to design and implementation support, could also provide infrastructure as a service
Govt. & Non-Govt. equity holding (49:51)

Ministry of Health & Family Welfare

eHealth initiatives supported under NHM

- Hospital Information System
- Drug & Vaccine Distribution Mgmt. System
- Blood Bank Mgmt. System
- Equipment Management System
- Human Resource Information System
- Training Management Information System
- Mother & Child Tracking System
- Mother & Child Tracking Facilitation Centre
- Kilkari & Mobile Academy (to be launched)
- Revised National TB Control Programme
- Integrated Disease Surveillance Programme
- Health Management Information System

- eHealth initiatives are being undertaken individually by different Divisions; however specific needs addressed by these initiatives are aligned with MMP
- But there is lack of inter-operability amongst such applications/systems and of a comprehensive/ integrated focus while planning & development

Key comments of DeitY on EFC

Comments	MoHEW's response
Leveraging Cloud infrastructure:	<ul style="list-style-type: none"> Planned that applications would be hosted at 'Meghraj' on a 'service model'. In line with the guidelines as specified by DeitY. assumption of the model based on 'pay-for-service'
Leveraging DeitY created networks and infrastructure	<ul style="list-style-type: none"> As of now assumed on a chargeable basis to meet the assessed requirement It is proposed till government infrastructure becomes readily available and thereafter the required network/bandwidth services would be appropriately supplemented/ migrated gradually to NOFN, GUN, NKN etc.
Open Standards and Open Source Policies notified by DeitY may be followed in developing of application	<ul style="list-style-type: none"> Envisaged to follow Open Standards and Open Source policies notified by DeitY, in an optimally feasible/suitable manner SNOMED CT is available royalty-free to anyone within India. It is used in over 85 countries & is mapped with ICD 10, WHO.
Sustainability plan for the MMP beyond the O&M phase	<ul style="list-style-type: none"> Since at present, public healthcare services are not charged as a matter of policy, it has been assumed that sustainability would be taken care by the states/UTs on the basis of budgetary allocation for Health IT

Ministry of Health & Family Welfare

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Key comments of Niti Aayog on EFC

Comments	MoHFW's response
No new CSS other than those included in the list of 66 CSSs may be introduced.	<ul style="list-style-type: none"> Proposal approved as a Mission Mode Project under National e-Governance Plan (NeGP) in July, 2011 Digital India Programme & E-Kranti (NeGP 2.0) approved by the Union Cabinet cover in its ambit eHealth Services Hon'ble Prime Minister has desired to develop a smart electronic health record database of all citizens
As XII Plan allocation for the proposal is 'NIL', the proposal needs to be forwarded after typing up resource	<ul style="list-style-type: none"> Funding under NHM is not feasible. Funding needs to be tied up Option of availing IDA loan from World Bank for piloting the MMP in 3-4 states could be explored.
Pattern of fund sharing between Centre & States is pending finalization	<ul style="list-style-type: none"> Pattern of funding would be in line with the finalised pattern of funds sharing between Centre and State for other CSS of MoHFW
Lack of interface with the existing schemes/structures	<ul style="list-style-type: none"> Proposal encompasses a well-coordinated interface with the existing schemes/programmes by way of addressing the various problems/ challenges faced

Ministry of Health & Family Welfare

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Key comments of D/o Expenditure on EFC (1/2)

Comments	MoHFW's response
No new CSS other than those included in the list of 66 CSSs may be introduced.	<ul style="list-style-type: none"> Proposal approved as a Mission Mode Project under National e-Governance Plan (NeGP) in July, 2011 Digital India Programme & E-Kranti (NeGP 2.0) approved by the Union Cabinet cover in its ambit eHealth Services Hon'ble Prime Minister has desired to develop a smart electronic health record database of all citizens. Minister, CIT has requested MoF and Niti Ayog for providing adequate funding for the new MMPs.
Total estimated cost of approximately Rs.8,387 crores over 7 yrs. As of now there is no indication of availability of funds.	<ul style="list-style-type: none"> Funding needs to be tied up Option of availing IDA loan from World Bank for piloting the MMP in 3-4 states could be explored.
Many schemes being implemented by MoHFW have ICT components with similar mandate, therefore suggested that MoHFW, at first, may ensure integration / consolidation of the current ICT initiatives	<ul style="list-style-type: none"> Proposal encompasses a well-coordinated interface with the existing schemes/ programmes by way of addressing the various problems/ challenges faced

Ministry of Health & Family Welfare

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Key comments of D/o Expenditure on EFC (2/2)

Comments	MoHFW's response
Setting-up a National eHealth Services Corporation as a Sec. 25 company does not seem justifiable.	<ul style="list-style-type: none"> M/o Finance has set up GSTN with similar structure
Amount to be availed as IDA loan from WB may be indicated & current status in this respect & consultation with D/o Economic Affairs	<ul style="list-style-type: none"> Formal discussion yet to be held with WB

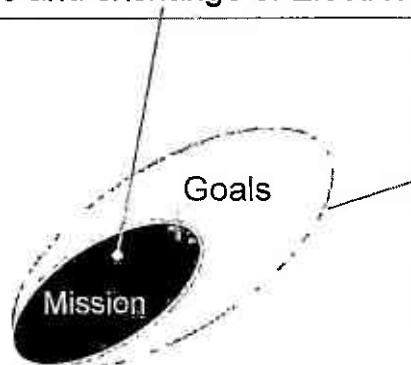
Ministry of Health & Family Welfare

14

Other strategic initiatives

National eHealth Authority (NeHA)

Statutory body for promotion/adoption of eHealth standards, regulate storage and exchange of Electronic Health Records.



- To guide adoption of eHealth solutions
- To facilitate implementation of eHealth by integrating and harmonizing the standards
- To facilitate an orderly evolution of Electronic Health Record Store & Exchange

- Concept Note approved by Hon'ble HFM was in public domain till 10th May 2015
- Examination of the suggestions / feedback received is underway.
- A national consultation to discuss suggestions/feedbacks is proposed after the current parliament session

Ministry of Health & Family Welfare

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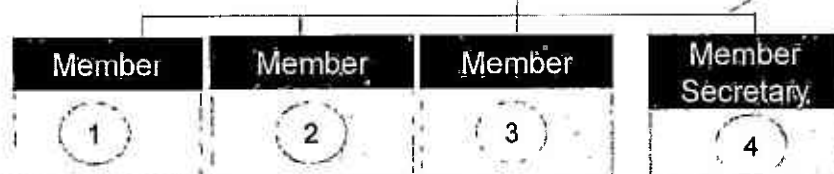
Other strategic initiatives

National eHealth Authority (NeHA)

Governance

Chairman

field of Medicine, Health, IT, Management, Legal, Finance, Standards, Economics etc.



- Full-time

- Co-ordination & functioning of NeHA



Standing Advisory Committee:

- Chaired by Chairman of NeHA
- Additional members including expert group/stake-holder community namely MoHFW, States, DeitY, DoT, WHO, Private Healthcare, IT industry Standards organizations, Medical Practitioners, MCI, NASSCOM & NATHEALTH, FICCI, ICMR, IRDA, Consumer Rights Activists

Ministry of Health & Family Welfare

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3/6 ①

Other strategic initiatives

Health Data Privacy & Security

- Privacy & Security of electronic health data a key concern to be addressed
- As of now, no specific legislation in place especially catering to it
 - Existing Acts/Regulations like IT Act, 2000, Medical Council of India's Code of Ethics regulations 2002 etc. cover to an extent the aspects related to privacy of personal/health data
- Legislation/ Act for Health data privacy & security in many countries
- Legal Sub Group, under EHR/ EMR Standards Committee constituted to look into aspects of health data privacy & security.
 - Decided Health Data Privacy & Security Legislation enacted by Parliament
 - Decided to involve an institution of repute in drafting the Legislation
 - Four institutions identified & requested for EOI – NALSAR, Hyderabad; IIT Kharagpur; NLSUI, Bangalore & ILS, New Delhi

Ministry of Health & Family Welfare

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Thank You

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NATIONAL

INFORMATICS

CENTRE

SERVICES INCORPORATED

इलेक्ट्रॉनिक्स और सूचना प्रौद्योगिकी मंत्रालय
Ministry of Electronics and Information Technology

Dated: 22/11/2017

Hall No. 2 & 3, 8th Floor, NBCC Tower, 15, Bhikaji Cama Place, New Delhi-110066 Ph: 26105258, 26105054, 26169437, 26169451, 26169464, 26169415, 26105193 Fax: 26105212



6.4.4 Air Freight Charges

Goods that are required to be airlifted are to be dispatched on a 'charge forward basis'. All air freight charges, which are shown on the relevant consignment note as chargeable to the consignee, are to be paid to the Airline in Rupees. Some organizations need to import sophisticated instruments, tools and kindred goods. These are usually small in size and very delicate/fragile in nature. Such goods, invariably, need to be airlifted. But, quite naturally, form a small part of the Air Cargo carried by an Aircraft. For such imports, procuring entities may engage Air Freight Consolidators who consolidate the small Air Cargos of different customers, to be airlifted from one Airport to another. Hiring of services of Airfreight Consolidators should be done in a transparent manner, following standard principles of Public Procurement.

6.4.5 Letter of Credit (LC)

Two banks are involved in payment to the supplier by LC, the purchaser's bank and supplier's bank. The purchaser is to forward the request to its bank in the prescribed format as formulated by the Bank, along with all relevant details including an authenticated copy of the contract. Based on this, the purchaser's bank opens the LC on behalf of the purchaser for transacting payment to the supplier through the supplier's bank. Care should be taken to ensure that the payment terms and documents to be produced for receiving payments through LC are identical with those shown in the contract. Generally, the irrevocable LC is opened so that the supplier is fully assured of his payment on fulfilling his obligations in terms of the contract. In case the delivery date of the contract is extended to take care of delay in supply, for which the supplier is responsible, the tenure of the LC is also to be extended, but the expense incurred for such an extension (of LC) is to be borne by the supplier. Provisions of Uniform Customs and Practices for Documentary Credits (UCP 600)²⁶ should be adhered to the while opening the LC for import into India.

6.5 Advance Payment

6.5.1 Ordinarily, payments for services rendered or supplies made should be released only after the services have been rendered or supplies made. However, it may become necessary to make advance payments in the following types of cases:

- i) Advance payment demanded by firms holding maintenance contracts for servicing of air-conditioners, computers, other costly equipment; etc.
- ii) Advance payment demanded by firms against fabrication contracts, turn-key contracts; and so on;

Such advance payments should not exceed the following limits except in case of procurement of arms and ammunitions from ordinance factories:

- a) Thirty per cent of the contract value to private firms;
- b) Forty per cent of the contract value to a state or central Government agency or PSU; or

²⁶The Uniform Customs and Practice for Documentary Credits (UCPDC or simply UCP) is a set of rules regarding techniques and methods for handling LCs in international trade finance which has been standardised by the International Chamber of Commerce – the current version being the UCP600.



- c) In case of the maintenance contract, the amount should not exceed the amount payable for six months under the contract;
- d) In exceptional cases, the Administrative Department may relax the ceilings mentioned above with prior concurrence of the Associated/integrated Finance. While making any advance payment as above, adequate safeguards in the form of a bank guarantee, and so on, should be obtained from the firm. However, the bank guarantee need not be insisted upon in case of procurement of arms and ammunitions from ordinance factories. Further, such advance payments should be generally interest bearing, suitable percentages for which are to be decided on a case to case basis.

6.5.2 Documents for Advance Payments

Documents, needed from the supplier for release of payment, are to be clearly specified in the contract. The paying authority should also verify the documents received from the supplier with corresponding stipulations made in the contract before releasing the payment.

6.5.3 Insurance

In every case where advance payment or payment against dispatch documents is to be made or LC is to be opened, the condition of insurance should invariably be incorporated in the terms and conditions. Wherever necessary, the goods supplied under the contract, shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the contract. If considered necessary, insurance may cover "all risks" including war risks and strike clauses. The amount to be covered under insurance should be sufficient to take care of the overall expenditure to be incurred by the Procuring Entity for receiving the goods at the destination. Where delivery of imported goods is required by the purchaser on CIF/CIP basis, the supplier shall arrange and pay for marine/air insurance, making the purchaser the beneficiary. Where delivery is on FOB/FAS basis, marine/air insurance shall be the responsibility of the purchaser.

(Rule 172 of GFR 2017)

6.6 Firm Price vis-à-vis Variable Price

Short-term contracts where the delivery period does not extend beyond 18 (eighteen) months should normally be concluded with a firm and price fixed by inviting tenders accordingly. However, even for shorter deliveries, the Price Variation Clause (PVC) may be stipulated for items with non-ferrous and other raw materials prone to short-term price volatility - especially for critical or high value items – otherwise there is a possibility of the contract failing or the purchaser having to pay a higher price if prices fall. For high value (more than Rupees three crore) tenders with deliveries longer than 18 (eighteen) months, PVC may be provided to protect the purchaser's interests also.

Where it is decided to conclude the contract with a variable price, an appropriate clause incorporating, inter-alia, a suitable price variation formula should also be provided in the tender documents, to calculate the price variation between the base level and scheduled delivery date.

object for which it is being given and the general and special conditions, if any, attached to the Grant. In the case of non-recurring Grants for specified object, the order shall also specify the time limit within which the Grant or each instalment of it, is to be spent.

Rule 230 (5) Central Autonomous Organisations which receive Grants should account for capital and revenue expenditure separately. The Government of India, Ministry of Finance has formulated standard formats for presentation of final accounts, for all Central Autonomous Organisations. All Grant sanctioning authorities should enforce the condition of maintaining and presenting their annual accounts in the standard formats on all Central Autonomous Organisations.

Rule 230 (6) The Grants sanctioning authorities should not only take into account the internally generated resources while regulating the award of Grants but should consider laying down targets for internal resources generation by the Grantee Institutions or Organisations every financial year, particularly where Grants are given on recurring basis every year.

Rule 230 (7) Unspent Balances: When recurring Grants-in-aid are sanctioned to the same Institution or Organisation for the same purpose, the unspent balance of the previous Grant should be taken into account in sanctioning the subsequent Grant. For this purpose, the Programme Division of Ministries/Department shall take help of PFMS Portal to know the bank balance of the recipients before making each release. The instructions of Department of Expenditure regarding the use of PFMS Portal for Central Sector Schemes issued from time to time shall be strictly followed by all Ministries/Departments. The principles of 'just in time release', should be applied for releases in respect of all payments to the extent possible. The following broad principles shall be adhered to:

- (i) Cash balance at a time should preferably not be more than 3 months of requirements
- (ii) Funds should be released as per actual requirements and that sanction may precede the release of funds, though its validity may be limited to that financial year.

Rule 230 (8) All interests or other earnings against Grants in aid or advances (other than reimbursement) released to any Grantee institution should be mandatorily remitted to the Consolidated Fund of India immediately after finalisation of the accounts. Such advances should not be allowed to be adjusted against future releases.

Rule 230 (9) In making Grants to Non-Government or Quasi-Government Institutions or Organisations, a condition should be laid down that assets acquired wholly or substantially out of Government Grants, except those declared as obsolete and unserviceable or condemned in accordance with the procedure laid down in the General Financial Rules, shall not be disposed of without obtaining the prior approval of the authority which sanctioned the Grants-in-aid.

Rule 230 (10) The sanctioning authority may prescribe conditions regarding quantum and periodicity for release of Grants-in-aid in instalments in consultation with the Financial Adviser. However, the release of the last instalment of the Annual Grant must be conditional upon the Grantee Institutions providing reasonable evidence of proper utilization of instalments released earlier. In the cases where Central Financial Assistance (CFA) has been sanctioned, the grant will be released in one instalment upon the Grantee Institutions/ Organisation providing complete evidence of achieving the specified objectives and expenditure incurred supported by Audited Statement of Expenditure. In these cases, the grantee institutions will not be required to submit Utilization Certificates.

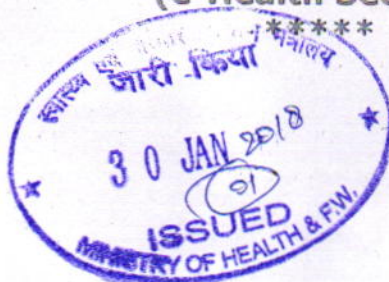
Rule 230 (11) In order to finalize the Budgetary Estimates of Grants in aid to the Grantee Institutions, the Ministry or Department should impress upon Institution or Organisation desiring Grants from Government, to submit their requirement with supporting details by the end of September in the year preceding the year for which the Grants-in-aid is sought. The Ministry or Department should finalize their examination of the requests with the utmost expedition and make the necessary Budget provision where it is decided to sanction Grants. The Institution or Organisation should be informed of the result of their requests by April of the succeeding year.

Rule 230 (12)

- (i) All Grantee Institutions or Organisations which receive more than fifty per cent. of their recurring expenditure in the form of Grants-in-aid, should ordinarily formulate terms and conditions of service of their employees which are, by and large, not higher than those applicable to similar categories of employees in Central Government. In exceptional cases relaxation may be made in consultation with the Ministry of Finance.

Receipt No : 796662/2018/TELEMEDICINE

F.No Q-11013/03/2015-eGov
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
(e-Health Section)



Nirman Bhawan, New Delhi
Dated 30th January, 2018

Shri S.K. Dureja
DGM/HOD (Accts)
National Informatics Centre Services Inc.
Ministry of Electronics and Information Technology

Subject: Final Settlement of Account for the IHIP test bed interoperability project of MoHFW, New Delhi-reg

Sir,

This is in reference to your letter No. C153105MPND/2823 dated 22.11.2017 regarding final settlement of unspent amount i.e Rs. 42,57,746/- from the funds allocated to NICSi for the IHIP test bed interoperability project of MoHFW.

2. You are requested to kindly submit the details of interest accumulated on the unspent amount and pay the total amount (Rs 42,57,746/- plus interest thereon) through Demand Draft or Cheque in the name of 'Pay and Accounts (Sectt.), Ministry of Health and Family Welfare, New Delhi'.

Yours faithfully,

(S.K. Pani)
Under Secretary to Government of India
Tel-23061213

Receipt No : 818765/2018/TELEMEDICINE

Subject: **Final settlement of account for the IHIP test bed interoperability project of MoHFW-reg**

Date: 02/13/18 12:33 PM

From: "Telmedicine Section_MoHFW" <telmed-mohfw@gov.in>

To: Satish Kumar Dureja <dureja.sk@nic.in>

Cc: Satchitra Pani <skpani2001@yahoo.com>,

SURESH CHANDRA <sc.rajeev72@nic.in>,

amita vaid <amita.telmedicine@gmail.com>, hunnywadhw2307@gmail.com

Final settlement for IHIP projct.pdf (177kB)

Sir

Please find attached copy of the letter on the above noted subject. The hard copy of the same has been already sent through speed post. However, the same has been returned to this Section. You are requested to take necessary action at your end.

--

eHealth Section

Ministry of Health & Family welfare

Room No.-213, D-wing, Nirman Bhawan

New Delhi-110011

Tel No.-23062263

Receipt No : 818765/2018/TELEMEDICINE

Subject: **Fwd: Final settlement of account for the IHIP test bed interoperability project of MoHFW-reg**

Date: 02/16/18 03:20 PM

From: PA CGOV NICSI <pa1.cgov-nicsi@nic.in>

To: Shri Hunny Wadhwa Assistant <telmed-mohfw@gov.in>

Cc: skpani2001@yahoo.com, sc.rajeev72@nic.in, amita.telemedicine@gmail.com,

hunnywadhwa2307@gmail.com, Satish Kumar Dureja <dureja.sk@nic.in>

Final settlement for IHIP project.pdf (177kB)

Sir,

In response to the attached letter, I would like to inform you that, there is no provision of interest claim in NICSI. as regards refund of interest , it is kindly informed that as per the provision in the GFRs, the interest is refunded in the grants in aid projects, as a condition towards the same exists in the administrative Approval/ Sanction . Since in the instant case, no administrative Approval or Sanction was issued by your department mentioning any such condition, and it had not been grants in aid project , interest refund is not applicable.

Hence, the total balance amount of Rs 42,57,746/- is being return to you.

Thanks & Regards
Health Division, NICSI
011-22900508

----- Original Message -----

From: **Telmedicine Section_MoHFW** <telmed-mohfw@gov.in>

Date: Feb 13, 2018 12:33:22 PM

Subject: Final settlement of account for the IHIP test bed interoperability project of MoHFW-reg

To: Satish Kumar Dureja <dureja.sk@nic.in>

Cc: Satchitra Pani <skpani2001@yahoo.com>, SURESH CHANDRA <sc.rajeev72@nic.in>, amita vaid <amita.telemedicine@gmail.com>, hunnywadhwa2307@gmail.com

Sir

Please find attached copy of the letter on the above noted subject. The hard copy of the same has been already sent through speed post. However, the same has been returned to this Section. You are requested to take necessary action at your end.

--

eHealth Section

Ministry of Health & Family welfare

Room No.-213, D-wing, Nirman Bhawan

New Delhi-110011

Tel No.-23062263

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Satish Kumar Dureja
Deputy General Manager
National Informatics Centre Services Inc. (NICSI)
1st Floor, NBCC Tower, Bhikaji Cama Place
New Delhi - 110066
Ph: 22900511

--

Thanks and Regards

Receipt No : 852218/2018/TELEMEDICINE



नेशनल इन्फोमेटिक्स सेंटर सर्विसिज़ इंक.
National Informatics Centre Services Inc.

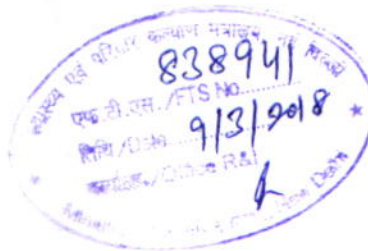
(रा० सू० वि० के० के अन्तर्गत भारत सरकार का एक उद्यम)
(A Government of India Enterprise under NIC)

इलेक्ट्रॉनिकी और सूचना प्रौद्योगिकी मंत्रालय
Ministry of Electronics and Information Technology

Dated:- 26-02-2018

Project No: C153105MPND/7506

To,
Director (e-Gov),
Ministry of Health & Family Welfare,
Room No. 307-D, Nirman Bhawan,
New Delhi - 110011 (Delhi)
Co. Per. - Sh. Jitendra Arora



Subject: - Refund of Balance Amount -Settlement of Accounts

Sir

Please refer to your letter.Q-11013/3/2015-eGov dated 01-03-2016 to the subject matter cited above. As desired, please find enclosed herewith a DD/Cheque No. 021951 dated 21-02-2018for Rs.42,57,745/- (Rupees Forty Two Lakh Fifty Seven thousand Seven hundred Forty Five Only)drawn in favour of Pay and Accounts (Sectt.), Ministry of Health and Family Welfare, New Delhitowards refund of balance amount on account of closure of""Project No: C153105MPND

Kindly acknowledge the receipt

Thanking you,

For National Informatics Centre Services Inc.

Authorised Signatory

Enclosed: - Cheque above

Copy to : - Project Coordinator

DD (AR)

Sh. Sptk

Sh. Sptk

File No. Q-11013/3/2015-eGov (Computer No. 148995)

यह निशान जारी करने की तारीख से तीन महीने के लिए वैध है।
This stamp is valid for three months from the date of issue. 467

Receipt No : 852218/2018/TELEMEDICINE

LODHI COMPLEX BRANCH (0371), DELHI - 110003
IFS CODE : CORP0000371

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D D M M Y Y Y Y

Pay . "Pay and Accounts (Sectt.), Ministry of Health and Family Welfare, New Delhi".

या धारक को or Bearer

Forty-two lakhs fifty-seven thousand seven hundred forty-six only

रुपये Rupees

अदा करें

₹

**4257746.00

A/c. No. 520101263654539

A/c No. For NEFT/RTGS/ECS/DBT
520101263654539

For NATIONAL INFORMATICS CENTRE SERVICES INC

Account Payee

Girish Kumar

कार्पोरेशन बैंक की सभी शाखाओं में देय
Payable at all branches of Corporation Bank

Deepak Kumar
Authorised Signatory
Please sign above

॥ 0 2 1 9 5 1 ॥ 1 1 0 0 1 7 0 0 7 1 2 0 1 8 0 1 ॥ 1 0

Challan of amount paid into the
 Treasury Sub-Treasury खजाना उप-खजाने में भवत
 State Reserve Bank of India भारत के स्टेट/रिजर्व बैंक

में भवत नकद का खालान

प्रेषक द्वारा भरा जाए TO BE FILLED IN BY THE REMITTER				कोष के विभागीय अधिकारी द्वारा भरा जाए To be filled in by the Departmental Officer of the Treasury		
किसके द्वारा निविदन किया गया By whom tendered (नाम Name)	उस व्यक्ति का नाम (या पदाभिधान) व पता जिसके पक्ष में रकम का भुगतान किया गया Name (or designa- tion) and address of the person on whose behalf the money is paid	प्रेषण की आंग या पदाधिकारी की (यदि कोई हो) पूर्ण विविष्टियां Full Particulars of the remittance and of the authority (if any)	रकम AMOUNT Rs. P. रु. पै.	लेखा शीर्षक Head of Account	लेखा अधिकारी जिसके द्वारा समायोजन हो सकता है Accounts Officer by whom adjustable	बैंक का आदेश विभागीय अधिकारी या खजाना आधिकारी की मार्फत केवल बैंक को किए जाने वाले भुगतान की वजह से प्रयुक्त किया जाए Order to the Bank (To be used only in case of remittance to the Bank through Depart- mental Officer or the Treasury Officer)
AO Mohan	Under Secretary (B.K. Panu)	Refund of Advance drawn for Integrated Health Information Platform (IHIP)	42,57,746	5010000110000705	PAO(S) Mohan	तारीख यही है। प्राप्त करो और रसीद अनुदान करो (धन संवत करने का आदेश देने वाले आधिकारी का नाम और पूरा पदाभिधान) Date correct. Receive and grant receipt (Signature & full Designation of the officer ordering the money to be paid in) 28/3
	TOTAL	42,57,746	42-22100-59110000705			

रुपये (शब्दों में) (In words) Rupees Forty Two Lakh Fifty Seven Thousand Seven Hundred
 तिथि Date 28.03.18 जमाकर्ता के हस्ताक्षर
 Signature of the Tenderer

प्राप्त संवत (शब्दों में) रुपये Received payment (in words) Rupees Forty Two Lakh Fifty Seven Thousand Seven Hundred
 Chq NO - 021951 date 21.02.2018

कोषपाल
Treasurer

लेखापाल
Accountant

तारीख
Date

खजाना अधिकारी
अधिकारी या प्रबंधक
Treasury Officer
Agent or Manager
(कृपया) P.T.O.

बैंक ऑफ इंडिया
निर्माण भवन गार्ड दिल्ली-110108

31 MAR 2018

Government of India
Ministry of Health & Family Welfare
(eGov Division)

Subject : Setting up of 'Integrated Health Information Platform' – Concept Note reg.

During the last two years, a detailed exercise had been undertaken for scoping and preparation of project report for comprehensive adoption of ICT in Indian Healthcare under Health MMP – aligned with Digital India Programme and eKranti (NeGP 2.0). It emphasised primarily upon the need for integration of and interoperability amongst various health IT systems and creation of Electronic Health Records(EHRs) of citizens along with pan India exchange.

2. Creation of EHRs of citizens and establishment of supporting infrastructure/ mechanism for exchange of health records emerges as one of the key focus areas under the pan for comprehensive use of ICT in healthcare. Accordingly, in the meeting of Steering Committee on E-Health under the chairmanship of Shri B.P. Sharma, Secretary (HFW) held on 27th July 2015, it was deliberated and decided to establish an 'Integrated Health Information Platform' primarily focusing on interoperable EHRs and subsequently to encompass other key components of eHealth, as feasible like Drug Supply Chain management Citizen portal etc. as underlined in Health MMP DPR.

3. In view of the above, a draft concept note on Integrated Health Information Platform has been prepared and is placed below for your kind perusal/ approval please.

A Kumar
3/9/15
Amit Kumar
AD(eGov)

US(eGov)

Dir(eGov)

JS
3/9/15

JS may kindly approve the draft Concept
Note on IHIP

JS
3/9/15

JS(NBS)

Notes above.

The draft concept note is similar to the proposal put forth by NASSCOM – NAT HEALTH Joint Council (NNJL) some few weeks ago. Detailed costing has not been done yet. However, if the proposed SPV is fully funded by the Government, approx ₹140 crore over three years, would be required.

1-2/ →

- 2/2

We may seek the comments/suggestions
of DEITY, IHIN (India Health
Information Network) at present
anchored in FICCI, NASSCOM,
PLS & selected 8-10 states
for on the draft Concept Note, please.

3/9

AS (KAT)

Pl. discuss.

Dir(JA)

7/9/15

Secretary

Discussed on 10/9/15.

Pl. link the papers/files for IHIN,
NASSCOM meeting etc.

10/9/15

US (eGov)

10/9/15

AD (eGov)

As desired minutes of 1st meeting of India
Health Information Network (IHIN) is placed
at 'F/X'.

2. ~~Two~~ Files (File No- R-14012/16/2014-eGov)
regarding setting up of IHIN &
(File No V-11011/2/2014-eGov) regarding
Meeting with NASSCOM are also linked.

US (eGov) / Dir (eGov)

16/9/15

16/9/15

US (eGov)

Make a self carried Note

17/9/15

AD (eGov)

16/9/15

- 3 -

Q-11013/3/2015-eGov

FTS: 148995

Reference Dir(eGov)'s remarks on pre-page

2. This is regarding draft concept Note for setting up of Integrated Health Information Platform consequent to the decision taken in the meeting of the Steering Committee on e-Health held on 27.07.2015 for deciding the future roadmap of Health MMP in view of the comments received from DeitY, D/o expenditure and NITI Aayog on EFC Note for Health MMP.
3. IHIP is proposed to encompass various components like eHealth applications, eHealth Data; and e Health infrastructure. IHIP would be based on model of 'Infrastructure as a Service (IaaS)' i.e. Hiring / availing the required infrastructure on a service based model as per a well defined service level agreement; no need for capex in infrastructure for networking, data centre etc. Business model for IHIP has been envisaged on the basis of a set of guiding principles-asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, and attaining financial sustainability in due course.
4. IHIP is proposed to be implemented and managed by a Special Purpose Vehicle (SPV)-a dedicated agency-set-up under MoHFW supported with adequate manpower and resources like PMU. It is envisaged to also have additional roles & responsibilities under its purview such as management of National Health Portal(NHP) and secretarial work of the proposed National eHealth Authority(NeHA).
5. The development of the IHIP is envisaged over the first year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.
6. The various regulatory aspects like privacy, security, accsee, disclosure, exchange etc. would be taken care by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared; within what timeline the information should be shared etc. Till the NeHA is set-up, the implementing agency (SPV) would take care of such matters.
7. The immediate way-forward on setting up of IHIP includes:
 - Consultation with different key stakeholders-DeitY, Industry Experts, Application/IT Vendors, healthcare providers etc.
 - Estimation of cost involved
 - Fine-tuning & detailing of Concept Note along with costing
 - Preparation of proposal for approval by SFC/EFC
8. The then JS(eGov) had suggested that comments from DeitY, IHIN, NASSCOM, NISG and selected 8-10 States may be taken on the draft concept Note for setting up of Integrated Health Information Platform.
9. As regards IHIN, it is mentioned that with a view to increased focus of India on development and implementation of eHealth solutions, India Health Information

x
P-1-2/N

Network (IHIN) comprising different organisations/stakeholders in the health care ecosystem was established on 06.01.2015 for sharing of knowledge/experience on development and implementation of e-health solutions, especially EHR. The Network is being serviced by FICCI. The first meeting of IHIN was held on 30th May 2015 at FICCI, New Delhi. The minutes of the same are placed at F/Y.

10. Further, NASSCOM and NATHEALTH had a meeting with Secretary (HFW) and other officers of the Ministry for working together in aligning the priorities and implementation roadmap in Health IT with that of the Government. The meeting was held on 18.10.2014. The identified priorities by NASSCOM-NATHEALTH Joint Council (NNJC) were Creation of central health care IT platform, Remote healthcare, IT-enabled preventive and chronic care management services and Health care workforce- redefining supply side. Minutes of the meeting is placed at p.41-44/C in the linked file V-11011/2/2014-eGov. Subsequently a follow up meeting was held on 5.11.2014 to assess the progress of the four priorities undertaken by NNJC and following priority groups were formed:

Priority Group	Nodal officer from MoHFW
Central health care IT platform	Shri N B Dhal, JS
Remote healthcare	Shri Ali R Rizvi, JS
IT-enabled preventive and chronic care management services	Shri Manoj Jhalani, JS
Health care workforce- redefining supply side	Shri Ali R Rizvi, JS

The Minutes of the meeting is placed at p.49-50/C in the linked file V-11011/2/2014-eGov. After that three meetings were held on 29.12.2014, 13.01.2015 and 30.05.2015 with NASSCOM-NATHEALTH under the chairmanship of Secretary (HFW) to decide the way forward in respect of above priorities.

11. In view of the above, a draft concept note on Integrated Health Information Platform has been prepared and placed at F/X.

Submitted please.

Sharma
01/10/15

US (eGov)

JS
1/10/15

Sharma

Dir (eGov)
JS/SS

A draft concept note on Integrated Health Information Platform (IHIP) prepared along as per decision taken in the meeting of Steering Committee on DPR for Health mmp (27.7.15) may please be approved for obtaining commits of stakeholders and other associated bodies.

Sharma
1/10/15

JS/SS
AS (KBS)

As part of the stakeholders consultation process, a presentation / meeting with 5-6 progressive states has already been planned for 20/10/15. ESIC hospitals may also, perhaps, taken on board. They have India wide chain of hospitals with 5 crore beneficiary base.

(f70)


(From perpage)

Presumably, the draft concept note may also be considered for circulation amongst the various stakeholders.


9/11/15

AS (KBA)

The consultation with the States is OK. The draft concept note may be circulated after the consultation.


12/9/15

B/SG 
12/11/15

Dr (e go)

VS/Phat on leave

AD/ehis

Am
13/10/15

Government of India
Ministry of Health & Family Welfare
(eGov Division)

Ref: Previous notes.

It is informed by Director (eGov) that a consultation - with Key States to understand the good practices in use of ICT in Healthcare Service Delivery and Management - is proposed to be held on 20.10.2015 for full day starting at 9.30 AM in NIHFW, New Delhi.

2. The key objectives of the proposed consultation are follows:

- To understand eHealth initiatives by state
- To discuss good practices of state
- To take learning for better planning & implementation going forward

3. The State/UTs proposed for this consultation are Gujarat, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh, Chhattisgarh, Uttar Pradesh, Kerala and Chandigarh. ESIC may also be invited to attend the consultation.

4. Accordingly, a draft DO letter inviting the States and ESIC to attend the consultation and Information Checklist for consultation on eHealth has been prepared and is placed below for approval please.

A Kumar
13/10/15
(Amit Kumar)
AD(eGov)

US(eGov) - on Leave

Dir(eGov)

JS
13/10/15

JS(SS)

Another meeting with states is being organised on 2.11.15 for discussing the "National Telemedicine Network" Concept Note. It would be better if the proposed meeting is clubbed with e-Governance meeting.

JS
13/10/15

JS(SS)

We may hold/re-schedule the meeting/consultation on 2/11/15 as proposed by Dir (eGov). May kindly consider.

JS
14/10

AS (KSA)

As proposed.

JS(SS)

US(eGov)

JS
14/10/15

JS
14/10

JS
14/10

AD(eGov)

Note No. #1. notes on prepage.

Attachment:/2017/8/2749_1503645625335.pdf

As discussed with Dir(eGov), Room no. 249-A, Nirman Bhawan has been booked for national consultation on 2/11/15. Accordingly 2 fair copies has been prepared & are placed below for signature of JS(SS) pl.

~~US(eGov)~~ Fair Dcs for sign. of JS(SS) pl.

[Signature]
16/10/15

[Signature]
16/10/15

~~Dir(eGov)~~
~~US(eGov)~~

Pl speak

[Signature]
14/10/15

Spoken. Resubmitted pls after revising the Draft as per directions.

[Signature]
16/10/15

~~Dir(eGov)~~

~~JS(SS)~~

[Signature]
16/10/15

[Signature]
17/10/15

~~Dir(eGov)~~
~~US(eGov)~~

[Signature]
17/10/15

[Signature]
19/10/15

~~AD(eGov)~~

We may inform Telemedicine section that their meeting on the Concept Note on NTN has been clubbed with National Consultation organised by eGov Div. on 2.11.15 in MoHFW.

DFA pls.

~~US(eGov)~~

~~AD(eGov)~~

[Signature]
26/10/15

[Signature]
26/10/15

Ref. notes at p.6-7/N.

This is regarding the agenda for the Consultation with States on 2/11/2015. The ^{draft} agenda has been prepared in consultation with e-PMU Team and is placed below for approval please. So far, 4 states have confirmed ^{over phone} their participation / ~~Part~~ in the meeting. These States are: Gujarat, Rajasthan, Chandigarh & UP.

[Signature]
29/10/15

US(eGov)

Dir(eGov) - O.T.

JS(eGov) - OT.

JS(Kas) (L.O.)

[Signature]
29/10/2015

AS(K/BA)

This may be postponed as both JS & Director are out of Country & On Nov 2, RE of Budget will be discussed in the MOF.

Alternatively, I can hold a small meeting in the AN, after you have discussed in detail in the morning session.

वे बी जे

29/10/15

अवर सचिव (e-gov)

Recd. Today-

[Signature]
02/11/15
Sh. Ashish

Reference Notes on P. 3-5/N

2. The consultation with States on Use of ICT in Healthcare Service Delivery was held on 02nd November 2015 in MoHFW under the Chairmanship of AS (KBA). The List of Participants is placed at 'F/A'.

3. With reference to AS (KBA)'s directions on P. 5/N, the draft concept note on Integrated Health Information Platform (IHIP) is placed below for approval and for sending to the attendees of the consultation held on 02.11.2015 for comments please.

Submitted please.

Ashish Sharma
Ashish Sharma 4/11/15
Assistant

AD (eGov) On Leave

US (eGov)

Dir (eGov) - OT

JS (eGov)

O.K.

Dir (eGov)

US (eGov)

AD (eGov)

SO (IN-IT)

SCG
4/11/15

AF
20/11/15

SCG
10/11/15

A draft DO letter is placed below for approval please to send the concept note on IHIP to all the states participated in national Consultation on 2/11/15 & other attendees in the national Consultation.

US (eGov) - o.l.

Dir (eGov)

JS (eGov)

US (eGov)

US (eGov)

gov team up to 27/11

Dir
14/11/15

AF
12/11/15

SCG
16/11/15

AF
16/11/15
AD (eGov)

AK
12/11/15

Note No. #1

Attachment:/2017/8/2749_1503645625335.pdf

Ref. notes on prepage.

Fair copy of the DO letter is placed below
for signature please.

US(eGov)

Skun
17/11/15

Dir(eGov)

Skun
17/11/15

The DO letter is being issued to all the
concerned.

Skun
18/11/15

Q-11013/3/2015-eGov

FTS:148995

Subject: Minutes of the Consultation with States/UTs on eGovernance Initiatives held on 02nd November, 2015

A full day consultation was held with selected States/UTs on eGovernance initiatives in the respective States/UTs in Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi on 02nd November, 2015 under the Chairmanship of Shri K.B Agarwal, Additional Secretary (eGov).

2. The Minutes of the consultation prepared by the ePMU team are placed below for your approval please.

आशीष शर्मा
18/11/15
आशीष शर्मा

सहायक (ई-गवर्नेंस)

सहायक निदेशक(ई-गवर्नेंस)

अमित कुमार
18/11/15

भारत सचिव (ई-गवर्नेंस)

निदेशक (ई-गवर्नेंस)

सुनीता वैडियाल
18/11/2015

सं.सचिव (ई-गव)

जितेंद्र अरोड़ा
18/11/15

May also kindly see

न. AS (KBA)

के.बी.आ.

20/11/15

सं.स (ई-गव)

सुनीता शर्मा
23/11

निदेशक (e-gov)

जतिन
26/11/15

भारत सचिव (ई-गव)

के.बी.आ.
26/11

सहायक निदेशक(ई-गव)

Q-11013/3/2015-eGov

FTS: 148995

Subject: Draft Concept Note of Integrated Health Information Platform (IHIP)

This is regarding draft concept Note for setting up of Integrated Health Information Platform consequent to the decision taken in the meeting of the Steering Committee on e-Health held on 27.07.2015 for deciding the future roadmap of Health MMP in view of the comments received from DeitY, D/o expenditure and NITI Aayog on EFC Note for Health MMP.

2. IHIP is proposed to encompass various components like eHealth applications, eHealth Data; and e Health infrastructure. IHIP would be based on model of 'Infrastructure as a Service (IaaS)' i.e. Hiring / availing the required infrastructure on a service based model as per a well-defined service level agreement; no need for capex in infrastructure for networking, data centre etc. Business model for IHIP has been envisaged on the basis of a set of guiding principles-asset light platform, hiring infrastructure-as-a-service, offering application-as-a-service, and attaining financial sustainability in due course.

3. IHIP is proposed to be implemented and managed by a Special Purpose Vehicle (SPV)-a dedicated agency-set-up under MoHFW supported with adequate manpower and resources like PMU. It is envisaged to also have additional roles & responsibilities under its purview such as management of National Health Portal (NHP) and secretarial work of the proposed National eHealth Authority (NeHA).

4. The development of the IHIP is envisaged over the first year and initial adoption in a limited set of locations in the next twelve months concurrently. The platform will by then be demonstrably ready for adoption on a large scale. It will provide an optimal approach for progressive roll-out of the platform.

5. The various regulatory aspects like privacy, security, access, disclosure, exchange etc. would be taken care by the proposed National eHealth Authority. NeHA would also regulate other specifics like what information to be shared; within what timeline the information should be shared etc. Till the NeHA is set-up, the implementing agency (SPV) would take care of such matters.

6. The immediate way-forward on setting up of IHIP includes:

- Consultation with different key stakeholders-DeitY, Industry Experts, Application/IT Vendors, healthcare providers etc.
- Estimation of cost involved
- Fine-tuning & detailing of Concept Note along with costing
- Preparation of proposal for approval by SFC/EFC

Note No. #1

Attachment: 2017/8/2749_1503645625335.pdf

7. The then JS(eGov) had suggested that comments from DeitY, IHIN, NASSCOM, NISG and selected 8-10 States may be taken on the draft concept Note for setting up of Integrated Health Information Platform.

8. The draft concept note is similar to the proposal put forth by, NASSCOM-NATHEALTH Joint Council (NNJC) which also identified creation of central health care IT platform as one of the key priorities.

9. Subsequently, a review was taken by AS (eGov) on 17.11.2015 on the various action points regarding eHealth. The meeting was attended by Dir (eGov) and Addl. Director (NHP) along with ePMU team member.

10. In the meeting, Dir (eGov) briefed about IHIP Concept Note and way-forward on it. The progress of the task for design, development & generation of unique National Identification Number (NIN) for health facilities in India was also discussed.

11. Based on the deliberation in the meeting, it was decided to appropriately incorporate the component regarding generation of NIN (along with a phase-wise implementation plan) in the concept note of IHIP, since NIN and IHIP are interlinked i.e. for ensuring interoperability amongst health IT systems at different health facilities (which is the key objective of IHIP) unique identification number needs to be given to each health facilities along with unique identification to patients.

12. Accordingly, the concept note has been revised and put up at F/A.

Submitted for kind information for Secretary (HFW)

Jitendra
(Jitendra Arora)
Dir. (eGov)

JS (SS)

Pl also furnish the Cost
financials as discussed.

Dir (eGov)

As directed the revised
concept note incorporating the Financial sheet is placed
on file.

Jitendra
23/11/15

22/12/15

JS (SS)

Pl discuss.

Dir (eGov)

/ Consultant (Dr. Chandrasekhar)

11/1/16

DD/Phr 1

Jitendra
23/11/15

Q-11013/3/2015-eGov

File. No. Z-28015/1/2016-Estt.-I

FTS: 148995

Subject: Manpower details and rate contract for test bed for interoperability-reg

A Senior Officers Meeting (SOM) was held under the chairmanship of Secretary (HFW) on 31.12.2015 in Nirman Bhawan, New Delhi. In the meeting achievements/ progress of implementation of eHealth and way forward was discussed.

2. During the meeting it was decided ^{to} implement pilot of 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. As per the para 3.6 of the MOM (F/A) NIC is assigned to undertake the tasks related to the interoperability test bed and complete ^{be} by June 2016. For this NIC is to ^{be} provided with required resources, such as manpower, office space & financials.

4. Further as discussed with (Shri Sunil Kumar, Senior Technical Director, NIC, MoHFW) details of manpower requirement has been received ^{from NIC}. Vide email dated 7th January 2016 (F/B) containing approved rates contract for Technical Manpower Services under NIC- Industry Partnership Program for e-Governance Projects (Cat-B) against Tender No. NIC/TPS/2014/17- Rate Contract (F/C). Educational Qualifications, Terms and conditions and scope of contract as approved under the contract has also been mentioned. Along with the rates contract, Shri Sunil Kumar has also forwarded estimated cost of Manpower for support services under test bed projects. The summary of the estimated costs for hiring of manpower for speedy implementation of EHR based test bed is placed below:

Estimated cost of manpower for support services under test bed for interoperability					
S. No	Type of Manpower	No. of persons required	Hiring Period (in months)	Unit Price (Per man month)	Total Cost (Rs)
1	Project Manager Level-2	1	12	97191	1166292
	Sr. Programmer level-2	2	12	34556	829344
	Programmer	4	12	23757	1140336
	Programmer Assistant	3	12	19438	699768
	Total	10			3835740

Note No. #1

Attachment:/2017/8/2749_1503645625335.pdf

5 The above expenditure will be met from the Grant/funds of Rs. 5 Cr already released to CHI (NIHFW). IFD concurrence will also be obtained after approval of Secretary (HFW)

6. File is submitted for approval of Secretary (HFW) for hiring 10 personnel as mentioned in para 4 for undertaking the pilot for EHR based integration projects.

(Jitendra Arora)
Director (eGov)

JS(SS)

Don't the skill set / proficiency required for

the manpower for e-fie project rather high.

Discussed with JS (SS) 19/1/16
pl. speed

[JS (SS)]

19/1/16

① above may kindly be concurred/ approved.

AS (BA)

AS & FA

[Secretary]

20/1/16

May please examine & submit early.

(div-on hand)

WS/IFD
F.V

20/1

M/o Health & F.W.
(I.F.D.)
Dy. F.S. No. 148995
Date: 20/1/16

Min. of Health & F.W.
A.S. & F.A. Office
PTS No. 148995
Date: 20/1/16

-16/N-

FTS No.148995

Integrated Finance Division

Reference note of the Division on pre page.

This is regarding hiring of 10 personnel in connection with implementation of the pilot of 'Integrated Health Information Platform' (IHIP) health information exchange between hospitals and test bed for interoperability.

2. The Division has stated that it has been decided in the Senior Officers Meeting held under the Chairmanship of Secretary (H&FW) on 31.12.2015 to implement the pilot of IHIP. As per para (6) of the minutes of the said meeting, NIC may be assigned to undertake the tasks related to the interoperability test bed. For this, NIC is to be provided with required resources such as, manpower, office space and financials.

3. The matter was taken up with NIC, who has provided approved rate contract for technical manpower services under NIC – Industry Partnership Program for e-Governance Projects (Cat-B) (F/A). Educational qualifications, terms and conditions and scope of the contract, as approved under the contract, have also been mentioned therein. Alongwith the rate contract, NIC has also forwarded estimated cost of manpower for support services under test bed projects. The summary of the estimated cost, for hiring of 10 manpower for speedy implementation of EHR based test bed, is indicated on p.14/n. The total estimated cost for one year is **Rs.38,35,740/-**. The expenditure is proposed to be met from the Grant/funds of Rs.5.00 crore already released to CHI (NIHFW).

4. IFD may concur in the above proposal of the Division at para (3) above, subject to the approval of Secretary (H&FW).

(Thomas Mathew)
US (F-V)
21.01.2016

Director (IFD) on leave

As & FA

W/F

Q
22/1/16

g
21/1/16

Dir (JA)

Min. of Health & F.W.
A.S. & F.A'S Office
FTS No.
Date: 21.1.16

File. No. Q-11013/3/2015-eGov
FTS: 148995

Subject: Manpower details and rate contract for test bed for interoperability -reg

A Senior Officers Meeting (SOM) was held under the chairmanship of Secretary (HFW) on 31.12.2015 in Nirman Bhawan, New Delhi. In the meeting achievements/ progress of implementation of eHealth and way forward was discussed.

2. During the meeting it was decided to implement pilot of 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. As per the para 3.6 of the MOM (F/A) NIC is assigned to undertake the tasks related to the interoperability test bed and complete by June 2016 For this NIC is to be provided with required resources, such as manpower, office space & financials.

3. Further as discussed with (Shri Sunil Kumar, Senior Technical Director, NIC, MoHFW) details of manpower requirement has been received from NIC Vide email dated 7th January 2016 (F/B) containing approved rates contract for Technical Manpower Services under NIC- Industry Partnership Program for e-Governance Projects (Cat-B) against Tender No. NIC/TPS/2014/17- Rate Contract (F/C). Educational Qualifications, Terms and conditions and scope of contract as approved under the contract has also been mentioned. Along with the rates contract, Shri Sunil Kumar has also forwarded estimated cost of Manpower for support services under test bed projects. The summary of the estimated costs for hiring of manpower for speedy implementation of EHR based test bed is placed below:

Estimated cost of manpower for support services under test bed for interoperability					
S. No	Type of Manpower	No. of persons required	Hiring Period (in months)	Unit Price (Per man month)	Total Cost (Rs)
1	Project Manager Level-2	1	12	97191	1166292
	Sr. Programmer level-2	2	12	34556	829344
	Programmer	4	12	23757	1140336
	Programmer Assistant	3	12	19438	699768
	Total	10			38,35,740

-18/N

4. Concurrence of IFD has already been received for hiring of 10 personal to implement pilot of 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. The total estimated cost for one year is **Rs. 38,35,740 /-**. The above expenditure will be met from the Grant/funds to CHI (NIHFW).

5. File is submitted for approval of Secretary (HFW) for hiring 10 personnel as mentioned in para 4 for undertaking the pilot for EHR based integration projects.

Jitendra Arora
22/1/16
(Jitendra Arora)
Director (eGov)

Office of Secretary (HFW)
FTS No. 148995
Date 22/01/2016

JS (SS)

A above for kind consideration/approval

AS (KBA)Secretary

Ua
27.1.16

Ua
23.1.16

O.K. Kindly obtain

the concurrence of AS & FA.

Ua
27/1/16

AS (KBA)

AS & FA's concurrence has
already been obtained (P-16/N).

Secy (HFW)

Ua
28/1/16
27/1/16

AS (KBA)

Ua
28/1/16

JS (SS)

Ua
28/1/16

Secy (HFW)US (eGov)

Ua
29/1/16

AD (eGov)

File No. Q-11013/3/2015-eGov(Pt1)
FTS: 3044766

भारत सरकार/ Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय/ Ministry of Health and Family Welfare
ई- गवर्नेंस अनुभाग/ e-Governance Section

Subject: Seeking an appointment regarding integration of "e-Health services" and "Digital India Program".

PUC is an email communication dated 12th January 2016 from Shri Jitendra Garg, GM (BD), BBNL CO addressed to Shri Sunil Sharma, JS (eGov), MoHFW on the aforementioned subject.

2. BBNL had briefed about the plan of National Optical Fibre Network (NOFN) and its current status during the national consultation on ICT initiatives held under the Chairmanship of AS (eGov), MoHFW dated 02.11.2015 (Minutes of meeting placed at 'F/A').

3. As per decision {Para 7 (e) of minutes} taken in the meeting, a committee may be formed for discussions/ deliberations on how MoHFW can leverage NOFN/ BharatNet connectivity for service delivery. As discussed with Dir (eGov), a meeting between JS (eGov) and GM(BD), BBNL CO has already been held and a committee may be constituted with the following participants:-

- | | |
|---|----------|
| (i) Joint Secretary (eGovernance) | Chairman |
| (ii) Director (eGov/ Telemedicine) | Member |
| (iii) Deputy Secretary (NHM) | Member |
| (iv) Representatives from the states of
Chhattisgarh, Chandigarh, Kerala & Karnataka | Members |
| (v) Shri Sunil Kumar, STD, NIC. | Member |

4. A draft constitution order of the aforementioned committee is placed below for approval please.

आशीष शर्मा
22/1/2016
(आशीष शर्मा)

सहायक अनुभाग अधिकारी(ई गवर्नेंस)

सहायक निदेशक (ई गवर्नेंस)

अवर सचिव (ई गवर्नेंस)

शक्तिर कुमार
22/1/16

सौम्य
25/1/16

निर्देश (ई गवर्नेंस)

JS/ST

JS (eGov)

JS/eGov

AD(eGov)

may be. be approved

JS/ST
27/1/16

27/1/16

JS/ST
28/1/16

PI issue

28/1/16

Subject: Hiring of 10 personnel (technical manpower (IT)) through NICS in connection with implementation of IHIP pilot and test bed for interoperability.

This relates to hiring of 10 personnel (technical manpower (IT)) through NICS in connection with implementation of 'Integrated Health Information Platform (IHIP)' pilot of health information exchange between hospitals and test bed for interoperability.

2. The details of technical manpower had been received from NIC vide an email dated 7.01.2016(F/P). Concurrence of IFD (p.16/n) and Approval of Secretary (HFW) (p.18/n) has been taken for an estimated cost of Rs. 38,35,740/- for hiring of manpower from NICS having requisite technical skills.

Estimated cost of manpower for support services for IHIP pilot and test bed for interoperability

Name of Project	Type of Manpower	No. of persons required	Hiring Period (in months)	Unit Price (Per man month)	Total Cost (Rs)
EHR based integration project (IHIP pilot and test bed)	Project Manager Level-2	1	12	97191	1166292
	Sr. Programmer level-2	2	12	34556	829344
	Programmer	4	12	23757	1140336
	Programmer Assistant	3	12	19438	699768
	Total	10			3835740

3. NIC was requested for obtaining Proforma Invoice(PI) from NICS for hiring manpower. NICS has provided Proforma Invoice(PI) based on various empanelment/agreements in NICS/NIC of amount Rs. 46,99,520 /- including 14.00% service tax and 0.5% Swachh Bharat Cess. The same also contains the terms and conditions. As per terms and conditions, 100% advance of Rs. 46,99,520 /- in favour of NICS, New Delhi for placement of work order.

Cost of manpower for support services as in PI received from NICS

Name of Project	Type of Manpower	No. of persons required	Hiring Period (in months)	Unit Price (Per man month)	Total Cost (Rs)
EHR based integration project (IHIP pilot and test bed)	Project Manager Level-2	1	12	103995	1247940
	Sr. Programmer level-2	2	12	36976	887424
	Programmer	4	12	25422	1220256
	Programmer Assistant	3	12	20799	748764
	Total	10			4104384

14.00% Service tax = Rs. 574613.76

0.5% Swachh Bharat Cess = Rs. 20521.92

Gross amount Payable = Rs. 46,99,520 /-

4. Since no fund allocation had been made to eGov section, earlier it was proposed that the above expenditure be met from Grants released to CHI(NIHFW) and same was concurred by IFD. Now, Rs. 12,000,000 /- has been allocated for Telemedicine and eGov Sections under budget head [2210-Medical and Public Health(Major head), 6800-Other Expenditure(Minor Head), 24- New Initiative Under Central Schemes, 2402-Telemedicine, 240228-Professional Services]. IFD may be requested for providing the concurrence for payment to NICS from this Budget head instead of its earlier concurrence for payment to NICS from Grants to CHI (NIHFW).

P.T.D.

Note No. #1

Attachment:/2017/8/2749_1503645625335.pdf

{continued from prepage.

5. File is submitted for seeking concurrence of IFD for 100% advance payment of Rs. 46,99,520 /- to NICSI for hiring of manpower from the budget head mentioned in para 4 above.

अमित कुमार
5/2/16
अमित कुमार

सहायक निदेशक (ई गवर्नेंस)

अवर सचिव (ई गवर्नेंस)

सोम
8/2/16

निर्देश (ई. गव)

JS may kindly approve the proposal at Para 3, 4, 5, & so that the file may be referred to IFD for obtaining concurrence again, due to change in allocation of funds to TM/PCW under RO 2015-16.

JS/eleat

JS/om
8/2/16

सुनील शर्मा
8/2/16

IFD

493
M/o Health & F W
(I.F.D.) 148995
Dy./F.T. No. 1503645625335
Date: 8/2/16

-22/N-

FTS No.148995

Integrated Finance Division

Reference note of the Division on pre page.

This is regarding hiring of 10 personnel in connection with implementation of the pilot of 'Integrated Health Information Platform' (IHIP) health information exchange between hospitals and test bed for interoperability through NICSI.

2. IFD examined the case vide p.16/n and concurred the proposal of the Division subject to approval of Secretary (H&FW). Approval of Secretary (H&FW) has been obtained vide p.18/n. The total estimated cost for one year was Rs.38,35,740/-.
3. The Division has now obtained Proforma Invoice (PI) from NICSI for hiring the above mentioned manpower. NICSI has submitted Proforma Invoice based on various empanelment/agreements in NICSI/NIC of an amount of Rs.46,99,520/- including 14% service tax and 0.5% Swachh Bharat Cess. The same also contains the terms and conditions. As per terms and conditions, 100% advance of Rs.46,99,520/- is to be made in favour of NICSI, New Delhi for placement of work order.
4. The Division has also mentioned that since no fund allocation has been made to eGov Section, earlier it was proposed that the above expenditure be met from grants released to CHI (NIHFW) and the same was concurred by IFD. Now, Rs.12.00 crore has been allocated for Telemedicine and eGov Sections under relevant Budget Head. The Division has, therefore, requested concurrence of IFD for payment to NICSI from this Budget Head instead of its earlier concurrence of payment to NICSI from grants to CHI (NIHFW). The proposal has approval of JS (eGov.)
5. IFD may have no objection to the above mentioned proposal.

Submitted please.

(Thomas Mathew)
US (F-V)
10.02.2016

Director (IFD)

ARFA

Dir/IFD

12/2

US (F-V) 12/2

Dir (JA)

US (eGov)

18/2/16

18/2

AD (eGov)

Min. of Health & F.W.
A.S. & F.A's Office
FTS No. 148995
Date. 12-2-16

Note No. #1

Attachment:/2017/8/2749_1503645625335.pdf

Sanction letters (in duplicate) along with required documents are placed below.

Admission
2/3/2016

AD (eGov) - on leave

US (eGov)

So (Cash/H) is requested ^{to} do the needful and returned the file removing the bill.

Sanjay
2/3/16

So (Cash/H)

Cash Member Secy

Bill No. 2816/CP-90000632/15-16 has been removed for payment.

By
9-3-16

By
9/3/2016

Chou. Secy

Sh. Sanjay

By
3/3/2016

The Ministry has approved the manpower (10 nos.) for the purpose of IHIP test bed to be deployed under Centre for Health Informatics, NHP.

The main objective of the IHIP test bed is to establish the interoperability between different Health IT System. The Unique Identification of the Health Facilities is prerequisite requirement for the IHIP test bed, so that the data can be crawled from different hospitals/labs or health facilities. The web software for National Identification Number (NIN) has already been developed by Centre for Health Informatics. However, the matching of health facilities is a challenging task and required dedicated man efforts including IT expertise.

Therefore, the above manpower may be divided into following two groups to carry out each activity simultaneously :

IHIP Test bed :

Project Manager : 1 no.
Sr. Programme level -2 : 1 no.
Programmer : 2 nos.
Programmer Assistant : 3 nos.

NIN :

Sr. Programme level : 1 no.
Programmer : 2 nos.

The payment has already been made to NICSI for providing the above manpower. you are hereby requested to start the process of hiring on top priority basis.

JS
18/3/16

JS(eGov)

STD(NIC)

Please discuss on priority.

- SSA(MS) / for IHIP Discussed *W*
22.3.16

- SSA(CBM) - for NIN Discussed *W*
22/03/2016

- SSA(MS) - As per IHIP project requirement, Ministry of Health & Family Welfare has approved 10 Nos. of manpower for the purpose of IHIP Test bed to be deployed under Centre of Health Informatics (CHI), NHP. Accordingly funds were also transferred to NICSI for issuing the Work Order. However, only seven (07) manpowers have been allocated initially for the project. We have already started the hiring process and in this direction Project Execution Form (PEF) from NICSI has been sent to DIR(eGov) for signing it. Whereas development work of the same has already been started. This is necessary to mention here that if need arises in future, the remaining three (03) manpower or any additional manpower may be provisioned for the same project. The sitting arrangement and other IT Infrastructure including local travelling may be provided to the manpower by CHI, NHP.

- SSA(CBM) - Page (25)

W
24.3.16

- 25 -

As mentioned above Centre for Health Informatics (CHI) has developed NIN Software. The Three manpower will be utilized for maintenance/upgradation of Software by CHI/NHP.

The Sitting arrangement and other required IT infrastructure including travelling may be provided by CHI, NHP.

Rishu
28/03/2016

- STD & HOD.

Rishu
28/3/2016

- JS (eGov)

Pl speak.

Sumit
28/3

JS (eGov)

AD (eGov)

Shom
29/3

Subject: Constitution of a committee for hiring of Manpower for the purpose of IHIP test bed to be employed under Centre for Health Informatics, NHP.

The decision of setting up of Integrated Health Information Platform (IHIP) for deciding the future roadmap of Health MMP was taken in the meeting of the steering committee on e-Health held on 27.07.2015 in view of the comments received from DeitY, D/o expenditure and NITI Aayog on EFC Note for Health MMP.

2. During a Senior Officers' Meeting (SOM) held under the Chairmanship of Secretary (HFW) on 31.12.2015 it was decided to implement pilot of 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. For this, hiring of 10 manpower was approved by the Secretary (Page 18/N).

3. Performa Invoice was received from NICSI for hiring of 10 persons for the purpose of IHIP test bed and payment of Rs. 46,99,520/- (Rupees Forty Six Lakh Ninety Nine Thousand and five hundred twenty Only) was made after obtaining concurrence of IFD (P. 22/N).

4. A selection committee of officials of MoHFW has to be formed for selection of candidates for implementation of eOffice from NICSI empanelled vendor. The committee may include the following members:-

- Shri Jitendra Arora - Director (eGov), MoHFW
- Shri Sunil Kumar - STD, NIC, MoHFW
- Shri Ankit Tripathi - Additional Director, CHI of NHP
- Shri Manoj Saxena - Senior System Analyst, NIC, MoHFW

Submitted for approval please.

आशीष शर्मा
(आशीष शर्मा) 28/4/16

सहायक अनुभाग अधिकारी (ई गवर्नेंस)

सहायक निदेशक (ई गवर्नेंस)

अवर सचिव (ई. गव) सीमा
29/4/16

श्रीराम कुमार
29/4/16

निर्देश (ई. गव)

May Kielly officer

ऑफिस
29/4/16

JS (eGov)

29/4/16

AS (KPA)

25/5

Secy (HFW) - on tour
AS & MD (OIC)

25/5

AS (KPA)

JS (eGov)

3/5

AD (eGov)

ऑफिस
3/5/16

-27/N-

File No: Q-11013/4/2016-eGov

FTS: 3058246

Subject: Setting-up of Integrated Health Information Platform (IHIP).

This is in reference to the letter dated 21.06.16 (No.: NIHFW/CHI/IHIP/2016) (F/A) received in accordance with the review meeting held on 15th June, 2016, under the chairmanship of Add. Secretary (eGov) regarding the setting-up of the Integrated Health Information Platform (IHIP) and selection of the service provider for Health IT solutions by publishing the Request for Expression of Interest (REOI) document.

2. In the meeting of steering committee on E-health held on 27th July 2015 chaired and co-chaired by Secretary (HFW) and Secretary (DeitY) respectively, Health Mission Mode Project (MMP) Detailed Project Report (DPR)-aligned with Digital India Programme and E-Kranti (NeGP 2.0) was deliberated along with the comments received from NITI Aayog, D/o Expenditure and D/o E and IT. In the meeting it was decided to develop an integrated Health IT platform (supporting the envisaged architecture, having scalable properties and supporting compliance with IT and EMR/EHR standards of DeitY and MoHFW respectively and thus enabling interoperability) and progressively paving the way for phased implementation of the MMP. The minutes of the same are placed at (F/B).
3. Accordingly a concept note of IHIP along with the budgeting requirement has been prepared (F/C). The primary objective of IHIP is integration of and interoperability amongst various Health IT systems (both public and private), by establishing a supporting infrastructure for health information data i.e. Health Information Exchange (HIE) network and creation of interoperable Electronic Health Records (EHRs) of the citizens on a pan-India basis.
4. The purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilisation of resources, availability of information / data - in secure manner, and on real time basis- through integration of systems to enable the electronic health records (EHRs) of citizens to be made available nationwide with the help of a centralized accessible platform. This would facilitate continuity of care, confidential health data / records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies and medical errors, low data redundancy, big data and predictive analytics etc.
5. In line with the decision taken in the Senior Officers meeting chaired by Secretary (HFW) held on 31.12.2015 (F/D), an interoperable test bed/platform connecting with IT application of CGHS, Mother and Child Tracking System (MCTS) and NIKSHAY-TB has also been developed by NIC.
6. The total estimated cost for setting-up IHIP is estimated at Rs. 95 Crs. (approximately) over the period of 5 years. For cost estimation it has been assumed that the government cloud computing and network connectivity resources would be available free of any charges; or it will be estimated separately as it is not under the scope of the scheme.
7. Centre for Health Informatics (CHI) setup by MoHFW has been mandated to administer the development and implementation of IHIP. It has been already approved to register CHI as a 'Society' (National Centre for Health Informatics) under MoHFW.
8. A draft REOI prepared and submitted by CHI is placed on file (F/F). To complete the process of selection of an agency, it is proposed that a Technical Evaluation Committee (TEC) may be constituted at CHI, NIHFW, and with following Term of References (ToRs):

-28-

- Review, evaluate and finalize the REOI and RFP documents.
- Technical review of the eligibility of participating agencies and short listing of eligible agencies to whom RFP document would be issued.
- Participate in the pre-bid meeting and clarify queries and observations of the agencies.
- Laying down criteria for technical evaluation of the bids/proposals (in line with the Detail Project Report (DPR) of Health MMP approved by MoHFW).
- Evaluation of the bids/proposals received in line with the technical evaluation criteria approved.

9. In line with the General Financial Rules (GFRs), open tender process has to be followed for shortlisting the agency to "Design, Development, Implementation, Integration, Deployment and Maintenance" of the envisaged Integrated Health Information Platform (IHIP). It is proposed that "Two-Stage Open Tender" process would be followed wherein the interested agencies would be shortlisted through Request for Expression of Interest (REOI) and the final selection of implementation agency would be done through Request for Proposal (RFP) process.

10. The estimated cost for setting up of IHIP is Rs. 95 Crs. (approximately). As per the Department of Expenditure OM dated 29th June 2015 on the "Delegation of Powers for Approval of Public Funded Plan Schemes/Projects" (F/E). The appraisal of the scheme is to be done by the concerned Joint Secretary of the Administrative Department and then to be approved by Secretary in consultation with the Financial Adviser for the limit of project value up to 100 Cr.

11. The necessary expenditure is proposed to be met by CHI from the funds being released under the Demand No.42 - Department of Health & Family Welfare, 2210-Medical and Public Health (Major head), 6800-Other Expenditure (Minor Head), 24-New Initiative Under Central Schemes, 2402-Telemedicine, 240231-Grant-in Aid for year 2016-17 and in subsequent years.

12. We may seek approval of the scheme as proposed above by Integrated Finance Division (IFD) and Secretary (HFW).

Jitendra Arora
12/7/16
Jitendra Arora
Director (eGov)

J.S. (Chair)

IFD is requested to ~~consider~~ *consider* the above proposal for setting up of IHIP, including O&M for 5 years in terms of the scope as broadly spell-out in the EOI document placed below, at a cost of Rs 95 crore.

AS (KAS)

IHIP (Integrated Health Information Platform) will be a software on which all Health related programmes & patient/hospital related

14/7/16

-29-

information will be hosted and on which myriad numbers of existing softwares across the country will get docking facility through a tunnel (known as bridging software so that output of various softwares becomes a valid input for IHIP. During the current FY, expenditure may be about Rs 20 Cr. However, for the time being, as per para 12 on pre-page, may concur to the proposal as outlined in P-27828/N. This, once implemented, shall be a real game changer in bringing out health-related information from softwares in silos and exchange this across the country.

Chd AS
15.7.16

~~FA~~

Pl. examine & submit.

~~PL~~
15/7

Min. of Health & F.W.

A.S. & FA'S Office

FTS No. 148995

Date: 19/7/16

~~Dir/IT~~
18/7
~~US CFV~~

2682
148995
19/7/16

-30/n-

FTS No.148995

Integrated Finance Division

This is regarding setting up of Integrated Health Information Platform (IHIP) and selection of the service provider for IT solutions by publishing the Request for Expression of Interest (REOI) document. In this connection, notes of the Division on p.27-29/n may kindly be perused.

2. It has been stated that in the Steering Committee meeting of eHealth held on 12th July, 2015, co-chaired by Secretary (H&FW) and Secretary (DeitY), it was decided to develop IHIP and progressively paving way for phased implementation of the Health Mission Mode Project. The minutes of the same are placed at F/B. The justification and advantages of the proposal may kindly be perused on p.27/n.
3. The total estimated cost for setting up IHIP is Rs.95.00 crore (approx.) for the period of five years. For cost estimation, it has been assumed that the Government cloud computing and network connectivity resources would be available free of any charges or it will be estimated separately, as it is not under scope of the scheme.
4. The Division has stated that in line with the GFR, the open tender process will be followed for shortlisting the agencies to "design, development, implementation, integration, development and maintenance" of the envisaged IHIP. The Division has proposed that two stage open tender would be followed wherein the interested parties would be shortlisted through REOI process. Centre for Health Informatics (CHI) has been mandated to administer and develop the implementation of IHIP. A draft REOI proposed to be published for selection of service provider for health IT solutions is placed at F/F.
5. The expenditure for the project is proposed to be met by CHI from the funds being released to them under the relevant head, details of which are indicated at para (11) on p.28/n.
6. In this connection, it may be noted that as per DFPR 21 (b), "The power under this rule shall be exercised upto rupees twenty crore for open or limited tender contracts, upto rupees five crore for negotiated or single tender or proprietary contracts and upto rupees two crore for agreements or contracts for technical collaboration and consultancy services by the Secretary of the Department concerned and contracts or purchases, amount of which exceeds these value in the categories stated, shall require the approval of the Minister in-charge of the Department.
7. In view of the facts mentioned above, IFD may concur in the above proposal of the Division subject to approval of Hon'ble HFM.

(Thomas Mathew)
US (F-V)
21.07.2016

Director (IFD)

Min. of Health & F.W.

AS & FA'S OFFICE
FTS No. 22/7/16
Date: 22/7/16

AS & FA

US (F-V) Q
22/7

Dir (JA)

21/7

Dir (IFD)

22/7

File No: Q-11013/4/2016-eGov

**Subject: Setting-up of Integrated Health Information Platform (IHIP)-
Approval of Scheme regarding.**

The envisaged goal of **Health Mission Mode Project (under E-Kranti & Digital India)** is to establish a pan-India Integrated Health Information System, meeting the needs of various stakeholder groups; and setting up Electronic Health Records (EHR) System including Health Information Exchanges (facilitating sharing of electronic health records on pan-India basis across different health care providers/facilities as well as for better data collation & analytics with an objective of more efficient healthcare planning purposes).

2 Steering Committee on E-Health, in its meeting held on 27th July 2015 deliberated on the Detailed Project Report (DPR) and EFC Memorandum of the Health Mission Mode Project (MMP) along with the comments received from NITI Aayog, D/o Expenditure and DeitY on the draft EFC Memorandum circulated. After detailed deliberation & discussion, the Steering Committee decided to develop an "Integrated Health Information Platform", supporting the envisaged architecture under health MMP, having scalable properties and supporting compliance with IT and EMR/EHR Standards and thus paving the way for achieving the **Interoperable Electronic Health Record (F/B)**.

3. Accordingly a Concept Note on IHIP along with the budgetary estimate has been prepared **(F/C)**. The primary objective of IHIP is integration of and interoperability amongst various Health IT systems (both public and private), by establishing a supporting infrastructure encompassing Standards compliant EHR related IT applications, Health Information Exchange (HIE) etc. for health data/information creation and seamless flow including interoperable EHRs of the citizens on a pan-India basis.

4. The IHIP is envisaged to facilitate better health services to citizens and improve efficiency for healthcare services and health programmes. It would be achieved by optimum utilisation of resources, availability of information / data – in secure manner & on a (near) real time basis- through integration of different IT systems enabling EHRs of citizens and other public health data to be made available nationwide with the help of an integrated platform accessible by/linked with standards compliant IT systems across public & private sectors. IHIP is intended to facilitate continuity of care, confidential health data / records management, better affordability of healthcare services, optimal information exchange to support better health outcome, better decision support system, fewer redundancies and medical errors, low data redundancy, big data and predictive analytics etc.

- Office of Secretary (H&FW)
e-office No. 148887
Date 2017.11.16

Jitendra Arora
25/7/16
(Jitendra Arora)
Director (eGov)

on leave

26/7/16

what is the break-up of the cost
— component wise and year wise?

$$As(48/7)$$
$$\sqrt{g}(e - G_{\text{rov}})$$

Expeditionally pt.

$$J_2(c, b, a)$$

File NO. Q-11013/4/2016-eGov

Subject.: Setting-up of Integrated Health Information Platform (IHIP)-
Approval of Scheme Regarding.

Reference noting on prepage:

The Component-wise and year-wise breakup of the cost estimation is placed on file. (F/2)

In view of the above, Approval of Hon'ble HFM is solicited for the scheme of implementation of **integrated Health Information Platform** to achieve interoperable EHRs of the citizens on a pan-India basis at an estimated cost of Rs. 95 Crore (over five year period) under Plan Budget being allocated to eGovernance Division of MoHFW.

Office of Secretary Health & F.W.
FIS No. 148995/16
Date 16/8

(Jitendra Arora)
Director (eGov)
11.08.2016

JS(eGov)

Note from p- 31/N onwards ~~may~~
explain.

As was desired, year-wise break
up is brought out at F-2.
Approval on para marked 'A'
at prepage is requested.

[Signature]
12/8/16

AS (KBA)

[Signature]
14.8.16

Secy (HFW)

Approved. May please
get ~~con~~ concurrence of IPD.

[Signature]
19/8

AS (KBA)

AS & FA

[Signature]
18/8

Pl. examine & submit.

[Signature]
18/8

W/FV

Min. of Health & F.W.
A.S. & FA's Office
FIS No. 148995
Date 18/8/16

3026
1489


-34/n-

FTS No.148995

Integrated Finance Division

This is regarding setting up of Integrated Health Information Platform (IHIP) and selection of the service provider for IT solutions by publishing the Request for Expression of Interest (REOI) document. The total estimated cost for setting up IHIP is Rs.95.00 crore approximately. The component and year wise breakup of the cost estimation is placed at F/Y.


2. IFD examined the case vide p.30/n and concurred in the proposal of the Division subject to approval of Hon'ble HFM.
3. We may, therefore, return the file to the Division for necessary action.


(Thomas Mathew)
US (F-V)
19.08.2016


Director (IFD) - on leave

~~US (F-V)~~
AS4/FA

~~US (F-V)~~


22/8/16

Dir (JA)


28/8

FTS No. 148995
Date: 22/8/16
S. & FAS Office

File No: Q-11013/4/2016-eGov

**Subject: Setting-up of Integrated Health Information Platform (IHIP)-
Approval of Scheme regarding.**

Reference notings on page 31-34/n.

The envisaged goal of Health Mission Mode Project (under E-Kranti & Digital India) was to establish a pan-India Integrated Health Information System, meeting the needs of various stakeholder groups; and setting up Electronic Health Records (EHR) system including Health Information Exchanges (for sharing of health records across states and health care providers).

2. Steering Committee on E-health, in its meeting of held on 27th July 2015 deliberated on the Detailed Project Report (DPR)/ EFC memo of the Health Mission Mode Project (MMP) under Digital India Programme and E-Kranti (NeGP 2.0) and the comments received from NITI Aayog, D/o Expenditure and DeitY. In this meeting it was decided to develop an integrated Health IT platform (supporting the envisaged architecture, having scalable properties and supporting compliance with IT and EMR/EHR standards and thus paving the way for achieving the **Interoperable Electronic Health Record (F/B)**.

3. Accordingly a concept note of IHIP along with the budgeting requirement has been prepared (F/C). The primary objective of IHIP is integration of and interoperability amongst various Health IT systems (both public and private), by establishing a supporting infrastructure for health information data i.e. Health Information Exchange (HIE) network and creation of interoperable Electronic Health Records (EHRs) of the citizens on a pan-India basis.

4. The purpose of setting up IHIP is to facilitate better health services to citizens, improve efficiency for healthcare services and health programmes by optimum utilisation of resources, availability of information / data – in secure manner, and on real time basis- through integration of systems to enable the electronic health records (EHRs) of citizens to be made available nationwide with the help of a centralized accessible platform. This would facilitate continuity of care, confidential health data / records management, better affordability, optimal information exchange to support better health outcome, better decision support system, fewer redundancies and medical errors, low data redundancy, big data and predictive analytics etc.

5. The total estimated cost for setting-up IHIP is estimated at Rs. 95 Crs. (approximately) over the period of 5 years. For cost estimation it has been assumed that the government cloud computing and network connectivity resources would be available free of any charges; or it will be estimated separately as it is not under the scope of the scheme.

6. Centre for Health Informatics (CHI) setup by MoHFW has been mandated to administer the development and implementation/ management of IHIP. It has already been approved to register the CHI as a 'Society' (National Centre for Health Informatics) under MoHFW.

8. The necessary expenditure is proposed to be met by Centre for Health Informatics (CHI) from the Plan funds being allocated to CHI under the Demand No.42 – Department of Health & Family Welfare, 2210-Medical and

Note No. #1

Attachment:/2017/8/2749_1503645625335.pdf

Public Health (Major head), 6800-Other Expenditure (Minor Head), 24-New Initiative Under Central Schemes, 2402-Telemedicine, 240231-Grant-in Aid for year 2016-17 and in subsequent years.

9. The component wise and year wise break-up of the cost estimation is placed on file (F/Y). Concurrence of Financial Adviser/ Integrated Finance Division (IFD) of MoHFW has already been obtained to the above proposal / scheme (Pg. 30, 34/n).

10. Development of Integrated Health Information Platform (IHIP) for interoperable EHR is one of the Action Plan based on Recommendations of Groups of Secretaries and being monitored by Niti Aayog/ Hon'ble PMO.

In view of the above, approval of Hon'ble HFM is solicited for approval of scheme of implementation of **Integrated Health Information Platform (IHIP)** to achieve interoperable Electronic Health Records (EHRs) of the citizens on a pan-India basis at an estimated cost of Rs. 95 Cr. under Plan Budget being allocated to eGovernance division of MoHFW.

J. Arora
23/8/16
(Jitendra Arora)
Director (eGov)

J.S. (eGov)
Approval of Hon'ble HFM on (A) above
is requested.

[Signature]
23/8/16

[Signature]
23/8/16

[Signature]
23/8

AS (KBA)

Secretary

MDS (FSK)

K
23/8

HFM

[Signature]
25/8/16

Mos (FSK)

Secy (H)

AS (KBA)

26/8

J.S. (eGov)
29/8
on Govt

[Signature]
29/8/16
VS (eGov)

J. Arora
29/8/16

[Signature]
30/8
AD (eGov)

Office of the MOS/H&FW
FTS No. 148995
Date: 23/8/16

Office of MoHFW
Dy. No. 148995
Date: 24/8/16

Government of India
Ministry of Health & Family Welfare
(eGov Division)

Subject: Status of IHIP test bed for interoperability -reg

A Senior Officers Meeting (SOM) was held under the chairmanship of Secretary (HFW) on 31.12.2015 in Nirman Bhawan, New Delhi.

2. During the discussions in meeting, Secretary (HFW) has emphasized for development of Integrated Health Information Platform (IHIP) for health information exchange between hospitals. It has been decided in the meeting that for implementation of 'Integrated Health Information Platform (IHIP)' pilot of health information exchange between hospitals and test bed for interoperability may be carried out and be completed in 6 months i.e. by June 2016.

3. The Ministry has approved the manpower (10 nos.) for the purpose of IHIP test bed to be deployed under Centre for Health Informatics, NIHF. An amount of Rs. 46,99,520/- was released to NISCI for hiring of manpower for the purpose of IHIP test bed

4. The Unique Identification of the Health Facilities is prerequisite requirement for the IHIP test bed, so that the data can be crawled from different hospitals/labs or health facilities. For this purpose, the work of assignment and verification of National Identification Number (NIN) to Health facilities across country is already in progress under Centre for Health Informatics (CHI). However, the matching of health facilities is a challenging task and required dedicated man efforts including IT expertise. In view of this, CHI NIHF has requested MoHFW to deploy 3 technical resources for development of NIN-to-HFI web application from IHIP test bed project.

5. STD, NIC may be requested to provide the progress of IHIP pilot and current status of hiring of manpower for the same so that 3 technical resources may be deployed to CHI NIHF for development of NIN-to-HFI web application.

Submitted please.

Ashish Sharma
28/1/16
Ashish Sharma
ASO (eGov)

AD(eGov)

Dir (eGov)

J. An
28/1/16

A. Kumar
28/1/16

STD, NIC

STD (Sh/Sund)

W. R.
17/18

Progress of IHIP may be informed.

W. R.

17/18/2016

- SSA (MS)

The application was developed using Open Source Technology and the same was hosted on staging vms of NIC-cloud. The application was integrated with e Hospital, CARS, Nickshay and MERS for displaying EHR using Aadhaar from UIDAI and Mobile through OTP Authentication. The same was demonstrate to DIR(eGov), JS(eGov), AS(eGov) and then Secretary, MoHFW.

To overcome the problem observed of Interoperability while integration of the applications, it has been decided to develop the application using Java technology. The same is under development and may take 4-6 weeks to complete.

Contd/- Page 2

1. Emergency Hosting Undertaking (Attached) if application to be hosted without CyberSecurity Audit.
2. URL of the application.

Further, as funds are already available with NICSI, a PI may be obtained from NICSI for deploying required manpower for the development of NIN-to-HFI web application. The Selection Committee may be constituted to deploy the required technical resources through NICSI empanelled vendor thereafter.

Sr. TD (Sh. Sunil Kumar)

WU
01.9.16.

2
02-09-2016

- Dir (e Gov)

Am
2/9/16

US/ewr
6/9

AD (e Gov)

US/ekoth

Coordinate with for
Am
5/10/16

SL
5/10/2016

AD (e-Gov)

Q-11013/3/2016-eGov

FTS: 148995

Subject: Request for release of Fund for setting up of IHIP.

FR is a letter from Project Director, CHI, NIHFV to Shri Jitendra Arora, Director (eHealth) dated 26th December, 2016 requesting the Ministry to kindly release Rs 5 Crore out of Rs 95.2 Crores for setting up of IHIP.

2. Hon'ble HFM has granted the approval for the scheme of setting up of Integrated Health Information Platform (IHIP) at an estimated cost of Rs 95.2 Crores (approx.) over a period of 5 years excluding the cost for cloud computing and network connectivity resources. (p. 35-36/N)

3. The primary objective of IHIP is integration and interoperability amongst various Health IT systems (both public and private), by establishing a supporting infrastructure for health information data i.e. Health Information Exchange (HIE) network and creation of interoperable Electronic Health Records (EHRs) of the citizens on a pan-India basis.

4. CHI setup by MoHFW has been mandated to administer the development and implementation/ management of IHIP. For shortlisting the agency for "Design, Development, Implementation, Integration, Deployment and Maintenance" of the envisaged Integrated Health Information Platform (IHIP) through an open tender process in accordance with the General Financial Rules (GFR), a Technical Evaluation Committee (TEC) has also been constituted for evaluation of bids. The Expenditure involved in design and development of Integrated Health Information Platform (IHIP) would be met from Grant-in-Aid released to CHI, NIHFV from MoHFW for this purpose.

5. If approved, the fund of Rs. 5 Crore to CHI, NIHFV may be released from the funds allocated to Demand No.42 - Department of Health & Family Welfare, 2210-Medical and Public Health(Major head), 6800-Other Expenditure(Minor Head), 24-New Initiative Under Central Schemes, 2402-Telemedicine, 240231-Grant-in Aid for year 2016-17.

6. File is submitted for seeking the concurrence of IFD for releasing Rs. 5 Crore to CHI, NIHFV from aforementioned budget head.

Amit Kumar
26/12/16
(Amit Kumar)
AD(eHealth)

US(eHealth)

SL
26/12/16

Dir(eHealth)

we may release Rs 10 lacs as a token money to meet up the expenses in tendering process for this scheme. The balance amount will be considered during next year i.e. 2017-18. JS may kindly approve. we may seek the concurrence of IFD

JS/SS

JS
29/12/16

JS
27/12/16

IFD

4542
148995
30/12/16

-40/N-

FTS No.148995

Integrated Finance Division

This is regarding release of Rs. 10 Lakhs to in connection with the scheme of setting up of Integrated Health Information Platform (IHIP) during 2016-17.

2. In this connection notes of the Division vide., page 39/ante may kindly be perused. It has been pointed out that Hon'ble HFM has approved the scheme of setting up of Integrated Health Information Platform (IHIP) at an estimated cost of Rs. 95 Crores (approx.) over a period of 5 years excluding the cost for cloud computing and network connectivity resources. (p. 35-36/ante.).

3. The details of budget head from which the proposed expenditure is to be met are indicated at para (5 on p.39/n. The proposal has approval of JS (SS).

5. In view of the above, IFD may concur in the proposal of the Division.

(Thomas Mathew)
US (F-V)
02.01.2017

Director (IFD) on leave

AS & FA

W/F
FV

2/1/17

Dir (JA)

2/1/17

US (e/olth)

3/1/17

3/1/2017

AD (e-Gov)

4/1/17

Mrs Anita, ASO

Note No. #1

Attachment:/2017/8/2749_1503645625335.pdf

-41

File No.Q-11013/3/2015-eGovFTS:148995e-Health Section

Placed below are Two sets of GIA Bills Rs.10.00 lakh for disbursement to NIHFW, New Delhi along with ink sign sanction order, copy of PFMS, UCs, Check list, form of quittance, Certificate , Undertaking, and RTGS details.

Cash Section(H) is requested to process the bill for payment of Rs.10.00 lakh to NIHFW.

Quitt
13/1/17

ASO (ehealth)

AD (ehealth)

US (ehealth)

AK
13/1/17

SL
13/01/2017

sh. Anuj
13/1/2017

Cash H Sec

33/17/628111
17/1/2017

Accounts Officer may please
sign the grant-in-aid bill. - 60

W
19/1

19/1/17

19/1/2017

E-govt.

Adlew

Subject: Hiring of PMU for IHIP project from NICSI - reg

FR is a letter received from CHI, NIHFW to Ministry seeking approval for hiring of PMU Team through NICSI for work relating to IHIP for handholding support.

2. As per the approved concept note of IHIP (p. 251/c) a PMU team is required to be set up in CHI for operationalization of the work related to IHIP. CHI has requested to hire 5 personnel's initially as follows:

<u>Designation</u>		<u>Salary Range</u>
i. Project Manager (Tier III)	-	22 - 28 Lakh
ii. Database Administrator	-	17 - 22 Lakh
iii. Software Developer	-	15 - 20 Lakh
iv. Quality Assurance Engineer	-	15 - 20 Lakh
v. Senior Network Administrator	-	15 - 20 Lakh

3. The above mentioned positions will be hired on contract basis for one year from NICSI approved rates.

For consideration please.

Amit Kumar
3/3/17
Amit Kumar
AD (eHealth)

US(eHealth)

SL
03/03/2017.

Div (eHealth)

We may hire the above five positions either from NICSI (existing Rote Contract) or through NISG depending upon the available resources.

2-principle approval to the proposal may be accorded so that CHI may initiate action for hiring upon the positions to take up the IHIP project in a time bound manner.

JS
3/3/17

JS(eHealth)

JS
6/3/17

JS(eGov) - O.T

US(eGov)

SL
6/3/2017.

AD (eHealth)

Reference noting on pre-page

It is submitted that the IHIP is a major step towards adapting technology to improve healthcare services. The IHIP incorporates an integrated computerized clinical information system for improved hospital administration and patient health care services. A data warehouse of medical/health records can be utilized for statistical requirements and research. The successful implementation of IHIP shall have far reaching advantages, through a number of components within the project. The proposed architecture is based on the "Health Information Exchange (HIE)" infrastructure which will enable easy and secure exchange of clinical information. The application shall be quite interoperable and shall be designed with all the EHR Standards by the MoHFW.

2. In view of approval of National Health Policy and the proposed eHealth initiatives including setting up of NDHA therein, there is an essential requirement to establish a core team of IT personnel, headed by a Senior Technology Head, in the role of a ^{Project} Director/CTO, having worked for more than 20 years in similar areas of Healthcare IT, implementing programs in State/Central level in CHI in the pay range of Rs 23-30 lakhs p.a. instead of Project Manager(Tier III) in the pay range of Rs 22-28 lakhs p.a. as approved in pre-page. The rates of NISG have been taken as guidance for fixing of remuneration of the personnel to be hired in the Core Team.

Submitted for approval please.

Jhon
20/4/17
(Jitendra Arora)
Director (eHealth)

JS(eGov)
AS(RRT)
RRT
JS(eGov)

JS(eGov)
21/4/17

Please discuss.

JS(eGov)
27/4/17

Discussed. In our letter dtd 7/3/17 we have requested CHI to initiate the recruitment on NISG rates. Let them go ahead.

JS(eGov)
12/5/17

JS(eGov)

JS(eGov)
12/5/17

JS(eGov)

we may change the only the designation of the post, however the pay range may be of Rs 22-28 lakhs p.a. may remain unaltered.

JS(eGov)
12/5/17

JS(eGov)

The post may be designated as Project Director (IHIP)/CTO

JS(eGov)
12/5/17

JS(eGov)

JS(eGov)
17/5/2017
AD(eHealth)

JS(eGov)
12/5/17

Note No. #2

26/09/2017 12:42 PM

AMIT KUMAR-AD
(AD)**Note No. #3**

As discussed, the order of a constitution of a committee for hiring of Manpower for the purpose of IHIP test bed is placed at [Pg. 166/C.](#) Prior to that payment was made for an amount of Rs. 46,99,520/- vide sanction order dated 01.03.2016 placed at [Pg. 171/C.](#) Proforma Invoice of the project is also placed at [Pg. 184/C.](#)

Submitted for necessary action please.



26/09/2017 3:19 PM

ASHISH SHARMA-II(EGOV)
(ASO)**Note No. #4**

Noting on page 37 may be referred.

Since the project of development of test bed is over , and work of main IHIP project is now being looked after by CHI the manpower engaged by NIC is no longer needed for this project.

NIC (Health) is requested to provide the current status of 10 nos. of manpower engaged by NIC through NICSII for the test bed.



26/09/2017 8:52 PM

JITENDRA ARORA
(DIR)

Note No. #5

May kindly see for necessary action please.



10/10/2017 6:07 PM

SANJAY KUMAR SINHA
(SR.TECH.DIR)

Note No. #6

11/10/2017 9:46 AM

SUNIL KUMAR
(SR.TECH.DIR)

Note No. #7

For developing IHIP test bed, only 3 (three) software developers have been utilized so far for a period of 6 months during May,2016 to Nov,2016. The test bed had been developed and integrated with 3 Health applications (CGHS, ORS and RCH). The same had been deployed on staging server of NIC cloud and was demonstrated to Dir (eGOV), JS (eGOV) and then AS (eGOV).

The partial settlement of accounts statement obtained by eGovernance division of MoHFW from NICS (Accounts) on 20.07.17 is enclosed.

As stated above by Dir (eGOV) that IHIP project is being looked after by CHI and the manpower is no longer needed in the project, therefore, NICS may be asked for full settlement of accounts and refund.

12/10/2017 4:18 PM

MANOJ KUMAR SAXENA
(PSA)

Note No. #8

Please find the partial statement of the project attached herewith.





C153105MPND.pdf

12/10/2017 4:52 PM

**MANOJ KUMAR SAXENA
(TECHNICAL DIRECTOR)**

Note No. #9

Sign

12/10/2017 5:04 PM

**SUNIL KUMAR
(SR.TECH.DIR)**

Note No. #10

12/10/2017 6:57 PM

**JITENDRA ARORA
(DIR)**

Note No. #11

25/10/2017 5:09 PM

**AMIT KUMAR-DD
(DY.DIR)**

Note No. #12

09/11/2017 12:52 PM

**ASHISH SHARMA-II(EGOV)
(ASO)**

Note No. #13

20/12/2017 10:36 AM

AMITA VAID
(ASO)

Note No. #14

27/12/2017 5:51 PM

S K PANI
(US)

Note No. #15

This has reference to Notes of Shri Manoj Kumar Saxena, PSA, NIC on [page 2](#).

2. Since, NIC has mentioned that the manpower sanctioned in IHIP test bed interoperability project is no longer required; a final statement of accounts was called from NICS I and the same is [placed at PUC](#).

3. As mentioned in the PUC, currently Rs. 42,57,746/- is available in IHIP project which can be claimed as refund and project may be closed. **The unspent balance may be called back from NICS I in the form of draft or cheque in the name of 'Pay and Accounts (Sectt.), Ministry of Health and Family Welfare, New Delhi'.**

4. File is submitted for information and approval for calling the unspent balance back.

28/12/2017 10:09 AM

ASHISH SHARMA-II(EGOV)
(ASO)

Note No. #16

28/12/2017 10:35 AM

S K PANI
(US)



Note No. #17

also check it from the records of , release of funds in this regards , section. what about of interest earn in this regards?

30/12/2017 2:10 PM

S C RAJEEV
(DIR)

Note No. #18

01/01/2018 10:10 AM

S K PANI
(US)



Note No. #19

The matter was discussed with Technical Director, NIC, MoHFW and as informed by him though NICS I does not pay interest of any kind on unspent balance; we may still while requesting the refund write it to them that the amount should be refund amount plus the interest there on.

Submitted for approval and necessary directions please.

03/01/2018 4:43 PM

ASHISH SHARMA-II(EGOV)
(ASO)

Note No. #20

03/01/2018 4:59 PM

S K PANI
(US)



Note No. #21

for approval pl

03/01/2018 6:53 PM

S C RAJEEV
(DIR)

Note No. #22

pl. explain the details in person.

04/01/2018 3:08 PM

LAV AGARWAL
(JS)

**Note No. #23**

please examine provision made ,in this respect, in MOU with NISG.

11/01/2018 3:23 PM

S C RAJEEV
(DIR)

Note No. #24

11/01/2018 3:29 PM

S K PANI
(US)

**Note No. #25**

For action as desired.

12/01/2018 12:48 PM

ASHISH SHARMA-II(EGOV)
(ASO)

Note No. #26

Reference above:

As desired by Director (e-Health), the clause related to refund of unutilized balance by the Agency in the Memorandum of Understanding with NISG may kindly be seen in [para \(22.1\) part \(d\)](#) which states that **"The total**

amount of advance, if any, if paid to Agency but unutilized at the time of termination, shall be returned by Agency to MoH&FW”.

2. It is mentioned in [Rule 230 \(8\)](#) of General Financial Rule, 2017 **“All the interests or other earnings against Grants in aid or advances (other than reimbursement) released to any Grantee institution should be mandatorily remitted to the Consolidated Fund of India immediately after finalization of the accounts. Such advances should not be allowed to be adjusted against future releases”.**

3. Also, Manual for Procurement of Goods 2017 may be referred for advance payment matters, the relevant clause as mentioned in [para 6.5](#) on Page-84 which states that:

6.5 Advance Payment

ii) Advance payment demanded by firms against fabrication contracts, turn-key contracts; and so on;

such advance payment should not exceed the following limits except in case of procurement of arms and ammunitions from ordinance factories.

(b) Forty per cent of the contract value to a state or central Government agency or PSU; or

(d) In exceptional cases, the Administrative Department may relax the ceilings mentioned above with prior concurrence of the Associated/ integrated Finance. While making any advance payment as above, adequate safeguards in the form of bank guarantee, and so on, should be obtained from the firm. However, the bank guarantee need not be insisted upon in case of procurement of arms and ammunitions from ordinance factories. Further, such advance payment should be generally interest bearing, such percentages for which are to be decided on a case to case basis”.

File is submitted for direction please.



16/01/2018 12:24 PM

HUNNY WADHWA
(ASO)

Note No. #27



16/01/2018 12:29 PM

AMITA VAID
(ASO)

Note No. #28

16/01/2018 1:14 PM

S K PANI
(US)



Note No. #29

clarification from Nicsi may be asked in this respect.

22/01/2018 12:56 PM

S C RAJEEV
(DIR)

Note No. #30

22/01/2018 1:03 PM

S K PANI

(US)

**Note No. #31**

Reference above:

As directed by Director (e-Health), a letter seeking clarification from NICS I for the final settlement of Accounts for the IHIP test bed interoperability project of MoHFW, New Delhi has been attempted and is placed in draft section(3163427).

File is submitted please

25/01/2018 12:19 PM

HUNNY WADHWA
(ASO)

Note No. #32

A green stamp with a green checkmark and the word "eSign" in a stylized font.

25/01/2018 12:51 PM

AMITA VAID
(ASO)

Note No. #33

29/01/2018 9:57 AM

S K PANI
(US)

**Note No. #34**

29/01/2018 10:24 AM

AMITA VAID

(ASO)

Note No. #35

Reference above:

In response to our letter of even number dated 30.01.2018 a reply has been received through [email](#) from S.K. Dureja, DGM, NICSI dated 16.02.2018.

File is submitted for information & direction please

**19/02/2018 4:21 PM****HUNNY WADHWA
(ASO)****Note No. #36****19/02/2018 5:01 PM****AMITA VAID
(ASO)****Note No. #37**

Reference previous notes.

NICSI has informed that there is no provision of interest claim in NICSI in this case. The interest is refunded only in the case of GIA. Hence, interest refund is not applicable.

Submitted please.

20/02/2018 12:17 PM**AMIT KUMAR-DD
(DY.DIR)****Note No. #38**

pl put up SCN for the action required to be taken

21/02/2018 11:01 AM

S C RAJEEV
(DIR)**Note No. #39**

21/02/2018 11:14 AM

AMIT KUMAR-DD
(DY.DIR)**Note No. #40**

Subject: Integrated Health Information Platform (IHIP) test bed for interoperability-reg

A Senior Officer Meeting (SOM) was held under the chairmanship of Secretary (HFW) on [31.12.2015](#) in Nirman Bhawan, New Delhi. During the discussions in meeting it was decided to implement 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. As per the para [3.6 of the MOM](#), NIC was assigned to undertake the tasks related to the interoperability test bed. For this NIC has been provided with required resources, such as man power, office space & financials.

2. For the development & implementation of health information exchange between hospitals and test bed for interoperability MoHFW has approved manpower (10 nos.). In this regard, Ministry has [sanctioned](#) an amount of Rs. 46,99,520/- (100% advance) on 01.03.2016.

3. Director (e-Health), on previous note at pg.1 has submitted that the project of development of test bed is over, and work of main IHIP project is now being looked after by CHI. Therefore, the manpower engaged by NIC is no longer needed for this project.

4. PSA, NIC has apprised that for developing IHIP test bed, only 3 (three) software developers have been utilized for a period of 6 months during May,2016 to Nov,2016. The test bed had been developed and integrated with 3 Health applications (CGHS, ORS and RCH).

5. DGM/HOD (Accts), NICS vide their [letter](#) no. C153105MPND/2823 dated 22.11.2017 has submitted the final settlement of Accounts for the IHIP test bed project of MoHFW. They have enclosed the expenditure statement along with all originals invoices for the settlement of Accounts as per the details given below:

Sl.No	Particulars	Amount (Rs.)
-------	-------------	-----------------

	Amount received through NEFT on dated :14.03.2016	4699520.00	
1	Total Amount Received		4699520.00
	Details of expenditure as below:		
	Expenditure statement already sent vide letter dated: 20.07.2017	441774.00	
2	Total Expenditure		441774.00
3	Balance Available		4257746.00

6. Since, an amount of Rs. 42,57,746/- is still available with NICSI in IHIP project. Therefore, we may claim the unspent balance from NICSI in the form of draft or cheque in the name of 'Pay and Accounts (Sectt.), Ministry of Health and Family Welfare, New Delhi'.

File is submitted for consideration & direction please



22/02/2018 4:51 PM

HUNNY WADHWA
(ASO)

Note No. #41



22/02/2018 5:14 PM

AMITA VAID
(ASO)

Note No. #42

22/02/2018 5:48 PM

AMIT KUMAR-DD
(DY.DIR)



Note No. #43

for approval of para 6 above please.

26/02/2018 6:35 PM

S C RAJEEV
(DIR)

Note No. #44

pl. discuss.

02/03/2018 1:49 AM

LAV AGARWAL
(JS)



Note No. #45

matter discussed. please check whether the above balance amount can adjusted against other dues?

15/03/2018 3:28 PM

S C RAJEEV
(DIR)

Note No. #46

Subject: Integrated Health Information Platform (IHIP) test bed for interoperability-reg

A Senior Officer Meeting (SOM) was held under the chairmanship of Secretary (HFW) on 31.12.2015 in Nirman Bhawan, New Delhi. During the discussions in meeting it was decided to implement 'Integrated Health Information Platform (IHIP)' health information exchange between hospitals and test bed for interoperability. As per the para 3.6 of the MOM , NIC was assigned to undertake the tasks related to the interoperability test bed. For this NIC has been provided with required resources, such as man power, office space & financials.

2. For the development & implementation of health information exchange between hospitals and test bed for interoperability MoHFW has approved manpower (10 nos.). In

this regard, Ministry has sanctioned an amount of Rs. 46,99,520/- (100% advance) on 01.03.2016.

3. Director (e-Health), on previous note at pg.1 has submitted that the project of development of test bed is over, and work of main IHIP project is now being looked after by CHI. Therefore, the manpower engaged by NIC is no longer needed for this project.

4. PSA, NIC has apprised that for developing IHIP test bed, only 3 (three) software developers have been utilized for a period of 6 months during May,2016 to Nov,2016. The test bed had been developed and integrated with 3 Health applications (CGHS, ORS and RCH).

5. DGM/HOD (Accts), NICS I vide their letter no. C153105MPND/2823 dated 22.11.2017 has submitted the final settlement of Accounts for the IHIP test bed project of MoHFW. They have enclosed the expenditure statement along with all originals invoices for the settlement of Accounts as per the details given below:

Sl.No	Particulars		Amount (Rs.)
	Amount received through NEFT on dated :14.03.2016	4699520.00	
1	Total Amount Received		4699520.00
	Details of expenditure as below:		
	Expenditure statement already sent vide letter dated: 20.07.2017	441774.00	
2	Total Expenditure		441774.00
3	Balance Available		4257746.00

6. Since, an amount of Rs. 42,57,746/- is still available with NICS I in IHIP project. JS(eHealth) has desired to check whether this amount can be adjusted to any other project / dues with NICS I.

As directed by Director(eHealth), File is submitted for guidance / directions from IFD in this regard.

19/03/2018 11:20 AM

AMIT KUMAR-DD
(DY.DIR)



Note No. #47

19/03/2018 11:26 AM

THOMAS MATHEW
(US)**Note No. #48****Integrated Finance Division**

NICSI was given an amount of Rs. 4699520.00 on 14.03.2016 in connection with the implementation of IHIP test bed project of MoHFW. It has been stated that the IHIP project is over and an amount of Rs. 4257746.00 is available with NICSI. PD has sought advice of IFD if the balance amount can be adjusted with any other project/dues with NICSI. As diversion of funds is not permitted under GFRs and DFPRs, PD may be advised to ask NICSI to deposit balance amount along with interest, if any, in government account (MoHFW account) immediately.

Submitted please

19/03/2018 12:02 PM

BIMAL KUMAR
(US)**Note No. #49**

19/03/2018 5:45 PM

VANDANA JAIN
(JS)**Note No. #50**

20/03/2018 10:29 AM

VIJAYA SRIVASTAVA
(SPL SECRETARY)



Note No. #51

20/03/2018 10:34 AM

**VANDANA JAIN
(JS)**

Note No. #52

20/03/2018 11:22 AM

**BIMAL KUMAR
(US)**

Note No. #53

20/03/2018 11:33 AM

**LAV AGARWAL
(JS)**



Note No. #54

20/03/2018 5:14 PM

**S C RAJEEV
(DIR)**

Note No. #55

21/03/2018 10:39 AM

**AMIT KUMAR-DD
(DY.DIR)**

Note No. #56**Reference Note above:**

As directed by Director(eHealth), the matter was referred to IFD for guidance / directions and vide notes above they have stated **"As diversion of funds is not permitted under GFRs and DFPRs, PD may be advised to ask NICSI to deposit balance amount along with interest, if any, in government account (MoHFW account) immediately"**.

2. Further, it is informed that NICSI vide their [letter No-C153105MPND/7506](#) dated 26.2.2018 enclosing a [DD/Cheque No. 021951](#) dated 21-02-2018 (copy enclosed) amounting Rs. 42,57,745/- (Rupees Forty Two Lakh Fifty Seven Thousand Seven Hundred Forty Five Only) drawn in favour of Pay and Accounts (Sectt.), Ministry of Health and Family Welfare, New Delhi towards refund of balance amount on account of closure of "Project No: C153105MPND".

Submitted for perusal please



21/03/2018 4:05 PM

HUNNY WADHWA
(ASO)

Note No. #57

21/03/2018 4:09 PM

AMITA VAID
(ASO)

Note No. #58

The cheque given by NICSI may be deposited to Ministry's account for refund of the balance amount of the project.

For approval please.

21/03/2018 4:32 PM

AMIT KUMAR-DD
(DY.DIR)

**Note No. #59**

23/03/2018 12:56 PM

**S C RAJEEV
(DIR)**

Note No. #60

23/03/2018 2:31 PM

**LAV AGARWAL
(JS)**

**Note No. #61**

23/03/2018 4:08 PM

**S C RAJEEV
(DIR)**

Note No. #62

why sent to me again . I have already approved it.

23/03/2018 5:15 PM

**LAV AGARWAL
(JS)**

**Note No. #63**

26/03/2018 9:57 AM

S C RAJEEV
(DIR)

Note No. #64

26/03/2018 11:04 AM

S K PANI
(US)

